12/07/2006 12:43

Image# 26940798964

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
L	American Hospital Associatio	n PAC			
<sub> </sub>					· · · · · · · · · · · · · · · · · · ·
A <u>D</u> I	DRESS (number and street)	325 Seventh Street, NW			
_	Check if different	Suite 700	1		
L	than previously reported. (ACC)	Washington		DC 20004	-
2.	FEC IDENTIFICATION NUM	BER ♥ CI	TY 🛦	STATE A ZIPCOI	DE 🛕
	C00106146		S THIS X NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	o 20 (M2) May 20 (M5	) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		r 20 (M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		r 20 (M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q  July 15  Quarterly Report(Q:	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
	October 15 Quarterly Report(Q	Report for the:	Convention (12C)	Special (12G)	
	January 31 Quarterly Report(YI		on on	in the State o	of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election	X General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Report for the:		in the	
	(1211)	Electi	on on 1 1 0 7	2 0 0 6 State o	of
5.	Covering Period 1 0	19 2006	through 1 1	27 2006	
l ce	rtify that I have examined this F	Report and to the best of my kn	owledge and belief it is true, correc	t and complete.	
Тур	e or Print Name of Treasurer	Ms. Melinda Hatton			
Sigi	nature of Treasurer Electron	nically Filed by Ms. Melinda	Hatton	Date 12 07	2006
NO	TE : Submission of false, error	neous, or incomplete informatio	n may subject the person signing t	his Report to the penalties of 2 U.	S.C 437g.
	Office Use Only			FEC FOR (Rev. 02/20	

### Image# 26940798965

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name American Hospital Association PAC <sup>®</sup> D <sup>b</sup> D 27 1.0 19 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 941820.56 <sup>°</sup>2006 January 1 (b) Cash on Hand at 938762.88 Begining of Reporting Period ..... 233786.23 1403010.44 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1172549.11 2344831.00 6(a) and 6(c) for Column B) ..... 373383.07 1545664.96 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 799166.04 799166.04 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

м м 1 0 <sup>D</sup> 19

2006

To:

м м 1 1 <sup>D</sup> 2<sup>D</sup> 7

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	98639.85	556061.60
	(ii) Unitemized	45197.61	316195.35
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	143837.46	872256.95
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	143837.46	878922.95
2.	Transfers From Affiliated/Other Party Committees	60570.00	490138.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	29000.00	29000.00
Ο.	to Federal candidates and Other Political Committees	0.00	1500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	378.77	3449.49
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	233786.23	1403010.44
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	233786.23	1403010.44

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)
Page 4

II. DI	SBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Expenditures:	Total Tills Fellou	Calefidal Teal-to-Date
	ed Federal/Non-Federal ity (from Schedule H4)		
	Federal Share	0.00	0.00
(1)	r ederal Share		
(ii)	Non-Federal Share	0.00	0.00
` '	r Federal Operating	29488.82	49832.85
	nditures	29400.02	49032.03
	Operating Expenditures 21(a)(i), (a)(ii) and (b))	29488.82	49832.85
	to Affiliated/Other Party	23400.02	+3002.03
Committe	es	0.00	0.00
. Contributi	ons to andidates/Committees		
and Other	Political Committees	111000.00	1226897.82
•	ent Expenditure	232394.25	267394.29
(use Sche	edule E)ed Expenditures Made by Party	232334.23	207394.29
Committe	es (2 U.S.C. 441a(d))	0.00	0.00
(use Sche	edule F)		
Loan Rep	ayments Made	0.00	0.00
	de	0.00	0.00
	of Contributions To: iduals/Persons Other	500.00	1510.00
`´ Thar	Political Committees	500.00	1540.00
(b) Politi	cal Party Committees	0.00	0.00
	r Political Committees		
(sucl	າ as PACs)	0.00	0.00
(d) Total	Contribution Refunds	500.00	1510.00
(add	Lines 28(a), (b), and (c))	500.00	1540.00
. Other Dis	bursements	0.00	0.00
	' ' ' A '' ' ' (O L O O 404 (00))		
	lection Activity (2 U.S.C 431(20)) ed Federal Election Activity		
( )	Schedule H6)		
,	ederal Share	0.00	0.00
(1)			
(ii) "I	_evin" Share	0.00	0.00
	ral Election Activity Paid Entirely	0.00	0.00
With	Federal Funds	0.00	0.00
(c) Total	Federal Election Activity (add	0.00	0.00
Line	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	oursements (add Lines 21(c), 22,	272222 07	1545664.06
23, 24, 2	5, 26, 27, 28(d), 29 and 30(c))	373383.07	1545664.96
. Total Fed	doral Dichurcomenta		
	deral Disbursements Line 21(a)(ii) from Line 30(a)(ii)		
	31)	373383.07	1545664.96
	01,	070000.07	1070004.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	143837.46	878922.95
34. Total Contribution Refunds (from Line 28(d))	500.00	1540.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	143337.46	877382.95
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	29488.82	49832.85
7. Offsets to Operating Expenditures (from Line 15, page 3)	29000.00	29000.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	488.82	20832.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 149 (check only one)  11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  New York Hospital & Healthcare Assoc. FED PAC  Mailing Address One Empire Drive  City  Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 12144  C C00160259  Occupation  Aggregate Year-to-Date   110000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  New York Hospital & Healthcare Assoc. FED PAC  Mailing Address One Empire Drive  City  Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 12144  C C00160259  Occupation  Aggregate Year-to-Date  125000.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park D  City Madison  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	rive  State Zip Code WI 53725-9038  C C00359455  Occupation  Aggregate Year-to-Date ▼  7418.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b></b>	25560.00
TOTAL This Period (last page this line number of	only)	

S	CHEDULE A (FEC Form 3X)		Harrison and C. C. C. C.	FOR LINE NUMBER: PAGE 7 / 149	
	-		Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c X 12	_
				13   14   15   16	17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal			Date of Receipt	
	Mailing Address P.O. Box 15587			111 07 4 2006	
	City	State	Zip Code	Transaction ID: 13403439	
	Austin	TX	78761-5587	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0301325	14730.00	
	Name of Employer	Occupation	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		00500.00	1	
	Other (specify)		86530.00		
3.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal			Date of Receipt	
	Mailing Address 1215 K Street Suite 800			11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13405884	
	Sacramento	CA	95814	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0237495	20000.00	
	Name of Employer	Occupation	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		105000.00	1	
	Other (specify)	0 0	125000.00		
Э.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC			Date of Receipt	
Mailing Address 5510 Research Park Drive		ve		11 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13408991	
	Madison	WI	53725-9038	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0359455	280.00	
	Name of Employer	Occupation	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		7000.00	1	
	Other (specify) ▼		7698.00		
s	UBTOTAL of Receipts This Page (optional)			35010.00	
	· · · · · · · · · · · · · · · · · · ·		•	60570.00	
T	OTAL This Period (last page this line number or	nly)		00370.00	

PAGE 8 / 149 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Katie Vaughan Date of Receipt Mailing Address 506 A East Howell Avenue 20 2006 10 City State Zip Code Transaction ID: 13334416 Alexandria VA 22301 Amount of Each Receipt this Period FEC ID number of contributing 10.00 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Associate Director Aggregate Year-to-Date ▼ Receipt For: General Primary 430.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen J Campbell Date of Receipt Mailing Address P O Box 489 19 2006 City Zip Code State Transaction ID: 13360865 Clayton NM 88415-0489 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Union County General Hosp-Occupation Administrator <u>ital</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. James H Hinton Date of Receipt Mailing Address P O Box 26666 2006 10 19 Citv State Zip Code Transaction ID: 13360871 Albuquerque NM 87125-6666 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Presbyterian Healthcare Occupation President and Chief Executive Officer <u>Services</u> Receipt For: Aggregate Year-to-Date ▼ General Primary 500.00 Other (specify) 760.00 SUBTOTAL of Receipts This Page (optional) .....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 149
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanos commany rago	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark W Reifsteck			Date of Receipt
	Mailing Address P O Box 26666			10 19 2006
	City	State	Zip Code	Transaction ID: 13360872
	Albuquerque	NM	87125-6666	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Presbyterian Healthcare	Occupation	1	
	Services		ce President and Chief Oper	rat
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	500.00	
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial)			Date of Descript
В.	Mr. Stephen W McKernan  Mailing Address 2211 Lomas Boulevard	NIE		Date of Receipt
	Mailing Address 2211 Lomas Boulevard	INE		10 19 2006
	City	State	Zip Code	Transaction ID: 13360873
	Albuquerque	NM	87106-2745	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	┪
	University Hospital		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	1 1	250.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Paul Herzog			Date of Receipt
٠.	Mailing Address 601 Martin Luther King	Dr NF		M M / D D / Y Y Y Y
				10 19 2006
	City	State	Zip Code	Transaction ID: 13360874
	Albuquerque	NM	87102-3670	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer Lovelace Medical Center-D-	Occupation		
	owntown		ecutive Officer	4
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General	1	300.00	
	Other (specify)			
_	LIDTOTAL of Descripts This Descriptor 1			1050.00
L	UBTOTAL of Receipts This Page (optional)		······	
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 10 / 149 (check only one)
• •	Emiles ileven 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  Mr. Thomas P. Nickels  Mailing Address 325 Seventh Street, NW			Date of Receipt  1 0 2 3 2 0 0 6
	Suite 700 City	State	Zip Code	Transaction ID: 13362308
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		n President, Federal Relations e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1000.00	
3.	Full Name (Last, First, Middle Initial) Ms. Mary Ellen Wells			Date of Receipt
	Mailing Address 303 Catlin Street			10 23 7 4 9 9
	City	State	Zip Code	Transaction ID: 13363058
	Buffalo	MN	55313-1947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Buffalo Hospital	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. Todd Johnson			Date of Receipt
	Mailing Address P O Box 43			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13363063
	Minneapolis	MN	55440-0043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Allina Hospitals & Clinics	Occupation Vice Pres	n sident Government Affairs	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	nlv)		

ر	CHEDIII E A (EEC Earm 2V)			FOR LINE NUMBER: PAGE 11 / 149
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Stat	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	American Hospital Association 1 Ao			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Timothy H Hanson			Date of Receipt
	Mailing Address 559 Capitol Boulevard, 6	S-South		M M / D D / Y Y Y Y
	<u> </u>			10 23 2006
	City	State	Zip Code	Transaction ID: 13363072
	Saint Paul	MN	55103-0000	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of European			_
	Name of Employer HealthEast Care System	Occupation		
			t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify) ▼			
	Full Name (Last First Middle Initial)			
3.	Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD			Date of Receipt
	Mailing Address 2550 University Avenue	\/\		M M / D D / Y Y Y Y
	Zoo offiversity Avenue	v v .		10 23 2006
	City	State	Zip Code	Transaction ID: 13363076
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
			1 1 1 1 1	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Minnesota Hospital Associ-	Occupation		
	ation		s, Regulatory/Strategic Affair	· <u> </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
•	Full Name (Last, First, Middle Initial) Dr. Gordon L Alexander, M.D.			Date of Receipt
<b>J</b> .	Mailing Address 2450 Riverside Avenue			
	2450 Riverside Averlue			10 23 2006
	City	State	Zip Code	Transaction ID: 13363081
	Minneapolis	MN	55454-1512	Amount of Each Receipt this Period
	•		301011012	Amount of Each recopt this renod
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer University of Minnesota	Occupation		
	Medical Center	Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	375.00	
	Other (specify) ▼		373.00	
				975 00
S	UBTOTAL of Receipts This Page (optional)			875.00
T	OTAL This Period (last page this line number or	ıly)	<b>)</b>	

COUEDING A /FEC Form 2V)				FOR LINE NUMBER: PAGE 12 / 149
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atements may	, not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Ms. Jacquelyn Gaines			Date of Receipt
	Mailing Address 10150 SE 32nd Avenue	9		M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13364095
	Milwaukie	OR	97222-6516	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Providence Milwaukie Hosp-	Occupation		
	ital	Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		200.00	
D	Full Name (Last, First, Middle Initial) Mr. Skip Kriz			Date of Receipt
υ.	·			<b>─</b> │
	Mailing Address 2095 Lakeview Drive			10 23 2006
	City	State	Zip Code	Transaction ID: 13364096
	Eugene	OR	97408-7207	Amount of Each Receipt this Period
		OIL	37400 7207	Amount of Lacri Necept this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PeaceHealth	Occupation	n	
	reacenealin	Chief Fin	ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
C.	Full Name (Last, First, Middle Initial) Mr. James R Barnhart			Date of Receipt
Ċ.	Mailing Address 400 Ninth Street			M M / D D / Y Y Y Y
	Walling Address 400 Millin Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13364098
	Florence	OR	97439-7398	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Peace Harbor Hospital	Occupation		
			ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	1
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	750.00
				-

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 149 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Duane Francis Mailing Address 1700 East 19th Street			Date of Receipt
	City	State	Zip Code	1 0 2 3 2 0 0 6 Transaction ID: 13364101
	The Dalles	OR	97058-3317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mid-Columbia Medical Cent- er	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Mel Pyne			Date of Receipt
	Mailing Address 3015 Summit Sky Blvd.	10 23 / Y Y Y Y Y		
	City Eugene	State OR	Zip Code 97405-6253	Transaction ID: 13364103
	FEC ID number of contributing federal political committee.	C	37403-0233	Amount of Each Receipt this Period  250.00
	Name of Employer PeaceHealth	Occupation CEO	1	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. William P Sexton			Date of Receipt
	Mailing Address 725 South Wahanna Ro	ad		10 23 7 2006
	City Seaside	State OR	Zip Code 97138-7735	Transaction ID: 13364105
	FEC ID number of contributing		97130-7733	Amount of Each Receipt this Period 250.00
	federal political committee.	C		250.00
	Name of Employer Providence Seaside Hospit- al	Occupation Chief Exe	ecutive	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 149
	EMIZED RECEIPTS		or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			., .,	13 14 15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Norman F Gruber			Date of Receipt
	Mailing Address P O Box 14001			10 23 2006
	City	State	Zip Code	Transaction ID: 13364107
	Salem	OR	97309-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Salem Hospital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 247.50	
— В.	Full Name (Last, First, Middle Initial) Mr. Peter F Rapp			Date of Receipt
-	Mailing Address 3181 SW Sam Jackson	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13364108
	Portland	OR	97201-3098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OHSU Hospital	Occupation Vice Pres	n sident and Executive Director	, , , , , , , , , , , , , , , , , , ,
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Terry O Finklein			Date of Receipt
	Mailing Address 2111 Exchange Street			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13364111
	Astoria	OR	97103-3329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Columbia Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
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S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 149
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. David Holloway, MD.			Date of Receipt
	Mailing Address 3735 Cherokee Drive S	outh		10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 13364112
	Salem	OR	97302-9712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Salem Hospital	Occupation Chief Med	n dical Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Ronald M. Hollander			Date of Receipt
	Mailing Address 32 Warnesit Road			M M / D D / Y Y Y Y
	City	State	Zip Code	10 23 2006
	Waban	MA	02468-1422	Transaction ID: 13364131
		IVIA	02400-1422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Massachusetts Hospital As-	Occupation	1	
	sociation	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify) ▼		0 0 0 0 0 0 0	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Allen			Date of Receipt
	Mailing Address P O Box 1990			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13364135
	Kearney	NE	68848-1990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Good Samaritan Health Sys-	Occupation		7
	tems	-1	and Chief Executive Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	. ]
	Other (specify)	' '	250.00	
	Sales (openit) \		0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	1500.00
$\vdash$	. 5 (1 - 2)			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 149
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar	y information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard A. Hachten, II			Date of Receipt
	Mailing Address 2676 South 96th Circle			10 23 2006
	•	State	Zip Code	Transaction ID: 13364136
	EEC ID number of contributing	NE .	68124-1949	Amount of Each Receipt this Period  250.00
	Alegent Health Pr		t, Alegent Health System Year-to-Date ▼	
	Receipt For:  Primary General  Other (specify) ▼	ggregate	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig M Ames Mailing Address 1600 South 48th Street			Date of Receipt
	City	21-1-	7in Onda	10 23 2006
	•	State NE	Zip Code 68506-1299	Transaction ID: 13364137  Amount of Each Receipt this Period
	EEC ID assessing of a participation		0000 1200	250.00
	BryanLGH Medical Center Pr		n t and Chief Operating Office Year-to-Date ▼	, ,
	Primary General Other (specify) ▼	99109410	250.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Ms. Laurie Acred-Natelson			Date of Receipt
	Mailing Address 1901 Clinch Avenue			10 23 2006
	,	State	Zip Code	Transaction ID: 13365589
		<u>TN</u>	37916-2307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Fort Sanderé Régional Med	ccupation rector	1	
		ggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
-	OTAL This Period (last page this line number only)			

0	CHEDIII E A /EEC Form 2V)	l Fo		FOR LINE NUMBER: PAGE 17 / 149
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Dwayne Blaylock			Date of Receipt
	Mailing Address 1801 North Jackson Str	reet		10 23 2006
	City	State	Zip Code	Transaction ID: 13365590
	Tullahoma	TN	37388-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harton Regional Medical Center Receipt For:		n ecutive Officer • Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Scott Bowman			Date of Receipt
	Mailing Address 304 Wright Street			10 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13365591
	Sweetwater	TN	37874-2897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sweetwater Hospital	Occupation Administr		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Ruth W Brinkley			Date of Receipt
	Mailing Address 2525 De Sales Avenue			10 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13365592
	Chattanooga	TN	37404-1102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Memorial Health Care Syst- em		t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/149
	TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Charlotte Burns			Date of Receipt
	Mailing Address 935 Wayne Road			10 23 YYYYY 10 23 2006
	•	State	Zip Code	Transaction ID: 13365593
	Savannah	TN	38372-1937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Hardin Medical Center	ccupation	rator and Chief Executive Of	<del>-</del> il
			Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. James Lee Decker			Date of Receipt
	Mailing Address 435 Second Street			10 23 2006
	•	State	Zip Code	Transaction ID: 13365594
		TN	37821-3799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Rantiet Hospital of Cocke	ccupation		
	County		ce President and Administra Year-to-Date	10
	Primary General	iggregate		
	Other (specify) ▼	0 0	250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Greg Duckett			Date of Receipt
	Mailing Address 350 N Humphreys Bouleva	rd		10 23 YYYYY 10 23 2006
	,	State	Zip Code	Transaction ID: 13365595
	Memphis	TN	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Rantiet Memoriál Health	ccupation		
	Care Corporati		ce President and Chief Lega	
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
_	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/149
	TEMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Robert S. Gordon			Date of Receipt
	Mailing Address 7891 Cross Pike Drive			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13365596
	Germantown	TN	38138-8117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Baptist Memorial Health	Occupation	e Vice President & CAO	
	Care Corporati Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Andrew Hall			Date of Receipt
	Mailing Address 1905 Amerian Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13365597
	Kingsport	TN	37660-5882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Wellmont Health System	Occupation Director	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. David C Hogan			Date of Receipt
	Mailing Address 350 North Humphreys Bo	oulevard		10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13365598
	Memphis	TN	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Baptist Memorial Health	Occupation		
	Care Corporati Receipt For:		e Vice President and Chief O e Year-to-Date ▼	<u>pe</u>
	Primary General	Aggregate	Flear-to-Date V	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
_	OTAL This Davied (lost need this line need to	lu)		
- 1	OTAL This Period (last page this line number on	ıy)		

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 20 / 149
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c
			Detailed Guillinary Fage	13 14 1	15 🗌 16 🔲 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting	g contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from suc	ch committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Jone Koford			Date of Receipt	
	Mailing Address 103 Powell Court			10 / 23	2006
	City	State	Zip Code	Transaction ID: 1336	55599
	Brentwood	TN	37027-5079	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer LifePoint Hospitals, Inc.	Occupation			
	Receipt For:		Year-to-Date ▼	1	
	Primary General	33 -3			
	Other (specify) ▼	1	500.00		
3.	Full Name (Last, First, Middle Initial) Mr. Joseph Landsman			Date of Receipt	
	Mailing Address 1520 Cherokee Trail			M M / D D /	0.0.0.0
	City	Ctata	7in Codo	10 23	2006
	City	State	Zip Code	Transaction ID: 1336	
	Knoxville	TN	37920-2225	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer University of Tennessee	Occupation			
	Medical Center		ce President and Chief Finar	nd	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0			
<b>.</b>	Full Name (Last, First, Middle Initial) Mr. James L. McMackin			Date of Receipt	
	Mailing Address 421 South Main Street			M M / D D /	YYYY
				10 23	2006
	City	State	Zip Code	Transaction ID: 1336	55601
	Crossville	TN	38555-5031	Amount of Each Recei	pt this Period
	FEC ID number of contributing	С			1000.00
	federal political committee.				1000.00
	Name of Employer Cumberland Medical Center	Occupation	1		
	Cumberland Médical Center		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify)		1000.00		
SI	UBTOTAL of Receipts This Page (optional)				2000.00
			······································		
T	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>		

S	SCHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 21 / 149
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. John D Nash			Date of Receipt
	Mailing Address 332 North Lauderdale S	Street		10 23 2006
	City	State	Zip Code	Transaction ID: 13365602
	Memphis	TN	38105-2794	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Jude Children's Resea- rch Hospital	Occupation	n e Vice President and Chief C	Doe
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Stephen Curtis Reynolds			Date of Receipt
Ь.	<del></del>	Roulevard		M M / D D / Y Y Y Y
	Mailing Address 350 North Humphreys Boulevard			10 23 2006
	City	State	Zip Code	Transaction ID: 13365603
	Memphis	TN	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baptist Memorial Health	Occupation		
	Care Corporati		t and Chief Executive Office	<u>,                                     </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Dr. Bruce W Steinhauer, , M.D.			Date of Receipt
	Mailing Address 877 Jefferson Avenue			10 23 2006
	City	State	Zip Code	Transaction ID: 13365604
	Memphis	TN	38103-2897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Regional Medical Center	Occupation	n	7
	Regional Medical Center at Memphis	President	t and Chief Executive Office	•
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	1
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number of	ınlv)		

0	COLLEDIN E A (EEO Form OV)			FOR LINE NUMBER: PAGE 22 / 149
3	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or	ny information copied from such Reports and Stator commercial purposes, other than using the n	itements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Deborah Strickland			Date of Receipt
	Mailing Address PO Box 1558			10 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13365605
	Gallatin	TN	37066-1558	Amount of Each Receipt this Period
				_ initiality of East 11000 pt and 1 only
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sumner Regional Medical	Occupation	า	7
	Center	Chief Exc	cutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Mr. Carlyle L E Walton			Date of Receipt
	Mailing Address 401 Takoma Avenue			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13365606
	Greeneville	TN	37743-4647	Amount of Each Receipt this Period
	FEC ID number of contributing		* * * * * *	050.00
	federal political committee.	C		250.00
		10 "		_
	Name of Employer Takoma Adventist Hospital	Occupation		
		President	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼			J
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Betsy B. Wood			Date of Receipt
	Mailing Address 500 Interstate Boulevard	d, South		10 23 7 2006
	City	State	Zip Code	Transaction ID: 13365607
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation		
	Tennessee Hospital Association	Former V	ice President, Government	Af <mark>f</mark> a
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		500.00	
				1
_	LIPTOTAL of Descripto This Descriptoral		_	1000.00
hill	UBTOTAL of Receipts This Page (optional)			
1				

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE	23 / 149
		Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	T 12
			Detailed Summary Page	13 14 15	16 17
Δn	y information copied from such Reports and Sta	atements may	unot he sold or used by any nerso		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such com	mittee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
/	American Hospital Association FAC				
	Full Name (Last, First, Middle Initial)			1	
Δ.	Mr. Alan J Bleyer			Date of Receipt	
-	Mailing Address 400 Wabash Avenue			┥	YY
	Walling Address 400 Wabasii Aveilue				2006
	City	State	Zip Code	Transaction ID: 13366791	
	Akron	OH	44307-2433		Dariad
		OH	44307-2433	Amount of Each Receipt this I	eriod
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer	Occupation	n	┥	
	Name of Employer Akron General Health Syst-		t and Chief Executive Office	.	
	em Receipt For:		Year-to-Date ▼		
	Primary General	Aggregate	Teal to Bate V	,	
	Other (specify)	' '	250.00		
	Citiei (specify) <b>\</b>			1	
2	Full Name (Last, First, Middle Initial) Ms. Karen Bankston			Date of Receipt	
٥.				┥	
	Mailing Address 3200 Burnet Avenue				2006
	City	State	Zip Code		
			•	Transaction ID: 13366792	
	Cincinnati	OH	45229-3099	Amount of Each Receipt this I	eriod
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			
	Name of Employer	Occupation	n	┥	
	Name of Employer Health Alliance of Greater		P, External Affairs		
	Cincinnati Receipt For:		Year-to-Date ▼		
	Primary General	Aggregate	rear-to-bate V	,	
	Other (specify)		250.00		
	Other (Speeliy)	0 0			
	Full Name /Last First Middle Initial)			+	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Thomas S. Urban			Date of Receipt	
	Mailing Address 8484 Old Shaw Way			· '	ΥΥΥ
					2006
	City	State	Zip Code	Transaction ID: 13366794	
	West Chester	OH	45069-6400	Amount of Each Receipt this I	Period
		<u> </u>	7000 0700	Amount of Lacif neceipt this i	GIOU
	FEC ID number of contributing federal political committee.	C			250.00
	rederai politicai committee.				
	Name of Employer	Occupation	n	7	
	Mercy Health Partners	Administ	rator		
	Receipt For:	-	e Year-to-Date ▼	7	
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
		0 0	1 1 1 1 1 1 1	'	
	l				
9	UBTOTAL of Receipts This Page (optional)				750.00
	ODIOTAL OF FICCEIPES THIS Fage (Optional)				
т,	OTAL This Period (last page this line number o	nlu)		. L	
- 1 (	PIAL THIS FEHOU (TAST PAGE THIS THE HUMBER O	ııı <i>y)</i>	·······		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 149
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
•	Full Name (Last, First, Middle Initial)			
A.	Mr. James A Kingsbury			Date of Receipt
	Mailing Address 234 Goodman Street			M M / D D / Y Y Y Y
	-			10 23 2006
	City	State	Zip Code	Transaction ID: 13366796
	Cincinnati	OH	45219-2364	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
		10		
	Name of Employer University Hospital	Occupation		
			xecutive Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)			
D	Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, , M.D.			Date of Receipt
Ь.				<del>-</del>
	Mailing Address 11100 Euclid Avenue			10 23 2006
	City	State	Zip Code	
	•	OH	•	Transaction ID: 13366797
	Cleveland	ОП	44106-1736	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer University Hospitals of	Occupation	า	
	University Hospitals of Cleveland	President	t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				4
_	Full Name (Last, First, Middle Initial)			
C.	Mr. John E. Callender			Date of Receipt
	Mailing Address 2743 Elginfield Road			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13366803
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Employer	Ossunation		_
	Name of Employer Ohio Hospital Association	Occupation		
			ce President	_
	Receipt For:	Aggregate	Year-to-Date ▼	,
	Primary General Other (specify) ▼	' '	350.00	
	Cities (Specify)			1
1.				625.00
LS	UBTOTAL of Receipts This Page (optional)		<u> </u>	020.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 149
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	atements may	v not he sold or used by any nerso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Gregory J Walker			Date of Receipt
	Mailing Address 789 Central Avenue			M M / D D / Y Y Y Y
	700 Ochtrai 7 Worldo			10 23 2006
	City	State	Zip Code	Transaction ID: 13371593
	Dover	NH	03820-2526	Amount of Each Receipt this Period
				7 tillouit of Each Hoodpt tille I diled
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Wentworth-Douglass Hospit-	Occupation	n	7
	wentworth-Douglass Hospit- al	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
	•			'
	Full Name (Last, First, Middle Initial)			
3.	Ms. Deanna S. Howard			Date of Receipt
	Mailing Address 5 Paine Road			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13371594
	<u>Etna</u>	NH	03750-4508	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation		
	al Center		Regional Program Developr	n <b>e</b> nt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial)			
j.	Ms. Jeanine S. Chesley			Date of Receipt
	Mailing Address 16 Beatrice Drive Gorha	am		10 23 2006
	Cit.	Ctata	7in Code	
	City	State	Zip Code	Transaction ID: 13371595
	Gorham	ME	04038-1802	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer	Occupation	n	Ⅎ
	Name of Employer HEALTHSOUTH Rehabilitation	Administ		
	Hospital Receipt For:	-	Year-to-Date <b>V</b>	-
	Primary General	99. 09410		
	Other (specify)		250.00	
		0 0	1 1 1 1 1 1 1	
	L			
6	UBTOTAL of Receipts This Page (optional)			750.00
	ODITIAL OF RECEIPES THIS Page (Optional)		······	
т.	OTAL This Period (last page this line number o	nlv)		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 149
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,	
Α.	Full Name (Last, First, Middle Initial) Ms. Paula Minnehan			Date of Receipt
	Mailing Address 283 Gallopiny Hill Road			10 23 YYYYY 10 23 2006
	City	State	Zip Code	Transaction ID: 13371596
	<u>Hopkinton</u>	NH	03229-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer New Hampshire Hospital As- sociation Receipt For:		n sident, Rural Health & Reimb e Year-to-Date ▼	our
	Primary General Other (specify) ▼	Aggregate	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Scott W Howe			Date of Receipt
	Mailing Address 173 Middle Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13371597
	Lancaster	NH	03584-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Weeks Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Ms. Louise McCleery			Date of Receipt
	Mailing Address 245 Main Street			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13371598
	Colebrook	NH	03576-3002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Upper Connecticut Valley	Occupation		
Hospital Criter EX Receipt For: Aggregate			cutive Officer	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
<b> </b>	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 149
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any personantes of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	American Hospital Association PAC			_
Α.	Full Name (Last, First, Middle Initial) Mr. Gary S Barber			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13375898
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation General		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. John A Benz			Date of Receipt
	Mailing Address 703 North Flamingo Ro	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13375899
	Pembroke Pines	<u>FL</u>	33028-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Hospital West	Occupation Chief Str	n ategic Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Forest Blanton			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13375900
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation Interim C	n Chief Information Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
۲				
T	OTAL This Period (last page this line number o	nly)	<b>)</b>	

<u> </u>				FOR LINE NUMBER: PAGE 28 / 149
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Dana Ferrell			Date of Receipt
	Mailing Address 807 Nira Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13375901
	<u>Jacksonville</u>	FL		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Nemours Children's Clinic	Occupation Director of	of Government Relations	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Martha Garcia			Date of Receipt
	Mailing Address 7800 Sheridan Street			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13375902
	Pembroke Pines	FL	33024-2536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital Pembroke	Occupation Administr		7
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			+
C.	Mr. Timothy J Goldfarb			Date of Receipt
	Mailing Address 1600 SW Archer Road			10 23 2006
	City	State	Zip Code	Transaction ID: 13375903
	Gainesville	FL	32610-0326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shands HealthCare	Occupation Chief Exe	ecutive Officer	7
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 0		1
	Other (specify) ▼		250.00	
				*
_	LIPTOTAL of Possinta This Page (entire -1)			750.00
$ hild_{ m s}$	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 149
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u>.                                    </u>	NAME OF COMMITTEE (In Full)	no ana aac	nooc or any pontion committee to	contributions from cash committee.
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. C. Kennon Hetlage			Date of Receipt
	Mailing Address 1901 SW 172nd Avenue			10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 13375904
	Miramar	FL	33029-5592	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Memorial Hospital Miramar	Occupation Administi		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		375.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ray Kendrick			Date of Receipt
	Mailing Address 4232 Mahogany Ridge Dr	ive		10 23 7 2006
	City	State	Zip Code	Transaction ID: 13375905
	Weston	FL	33331-3826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Memorial Hoepital West	Occupation CEO	1	
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Dr. Stanley Marks, , M.D.			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13375906
	Pembroke Pines	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Momorial Hoalthoare System	Occupation Chief Me	n dical Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)		·····	875.00
т,	This Period (last page this line number only	<i>(</i> )		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 30 / 149
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Matthew J Muhart			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13375907
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	230.00	
3.	Full Name (Last, First, Middle Initial) Mr. J.E. Piriz			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13375908
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Regional Hospital	Occupation Administration		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Kenneth P. Resmini			Date of Receipt
	Mailing Address 2445 N. 37th Aveneu			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13375909
	Hollywood	<u>FL</u>	33021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Regional Hospital	Occupation Director of	n of Compliance & Audit	
	Receipt For:		e Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
			·	
T	OTAL This Period (last page this line number o	nly)		

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 149
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
• • •	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Paul M Rosenberg			Date of Receipt
	Mailing Address 1600 SW Archer Road			10 23 2006
	City	State	Zip Code	Transaction ID: 13375910
	Gainesville	FL	32610-0326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shands HealthCare	Occupation Senior Vi	n ce President and General Co	oun
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. David L. Schlemmer			Date of Receipt
	Mailing Address 8621 NW 53rd Court			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13375911
	Coral Springs	FL	33067-2846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation		
		Assistant	Administrator	
	Name of Employer Memorial Healthcare System  Receipt For: Primary General	Assistant		
	Receipt For:	Assistant	Administrator	
	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Assistant	Administrator Year-to-Date ▼	Date of Receipt
	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Assistant	Administrator Year-to-Date ▼	Date of Receipt  10 23 7 2006
	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder	Assistant	Administrator Year-to-Date ▼	M M / D D / Y Y Y Y
 C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street	Assistant Aggregate	Administrator Year-to-Date ▼ 250.00	1 0 2 3 2 0 0 6 Transaction ID: 13375912
c.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street City	Assistant Aggregate State	Administrator Year-to-Date ▼  250.00  Zip Code	10 23 7 2006
 c.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street  City Hollywood FEC ID number of contributing	Assistant Aggregate State FL C	Zip Code 33021-5421	Transaction ID: 13375912  Amount of Each Receipt this Period
c.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street  City Hollywood FEC ID number of contributing federal political committee.  Name of Employer	Assistant Aggregate State FL C Occupation Chief Op	Zip Code 33021-5421	Transaction ID: 13375912  Amount of Each Receipt this Period
C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street  City Hollywood FEC ID number of contributing federal political committee.  Name of Employer Memorial Regional Hospital	Assistant Aggregate State FL C Occupation Chief Op	Zip Code 33021-5421  rerating Officer eyear-to-Date ▼	Transaction ID: 13375912  Amount of Each Receipt this Period
C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street  City Hollywood FEC ID number of contributing federal political committee.  Name of Employer Memorial Regional Hospital  Receipt For:	Assistant Aggregate State FL C Occupation Chief Op	Zip Code 33021-5421	Transaction ID: 13375912  Amount of Each Receipt this Period
	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Deborah Tedder Mailing Address 3501 Johnson Street  City Hollywood  FEC ID number of contributing federal political committee.  Name of Employer Memorial Regional Hospital  Receipt For: Primary General	State FL  Occupation Chief Op Aggregate	Zip Code 33021-5421  rerating Officer Year-to-Date  250.00	Transaction ID: 13375912  Amount of Each Receipt this Period

0	CHEDIII E A /EEC Eoum 2V)			FOR LINE NUMBER: PAGE 32 / 149
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
$\angle$	·			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Anthony C. Krayer, III			Date of Receipt
	Mailing Address 340 W. Tropicla Way			10 23 2006
	City	State	Zip Code	Transaction ID: 13375913
	Plantation	FL	33317-3329	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	·			
	Name of Employer Memorial Regional Hospital	Occupation		
			rporate Affairs Officer	_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
	care. (opeany) 🔻	0 0	1 1 1 1 1 1 1	4
	Full Name (Last, First, Middle Initial)			
В.	Mr. Zeff Ross			Date of Receipt
	Mailing Address 703 North Flamingo Ro	oad		M M / D D / Y Y Y Y
	0.11		7' 0 1	10 23 2006
	City	State	Zip Code	Transaction ID: 13375914
	Pembroke Pines	FL	33028-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Hospital West	Occupation		
	·	Administ		_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
	Ctrici (Specify)	0 0		4
_	Full Name (Last, First, Middle Initial)			+
C.	Mr. Frank V Sacco, , FACHE			Date of Receipt
	Mailing Address 3501 Johnson Street			M M / D D / Y Y Y Y
	C:t.	Ctata	7in Code	10 23 2006
	City	State FL	Zip Code	Transaction ID: 13375915
	Hollywood	- FL	33021-5487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	- Todoral political committee.			
	Name of Employer Memorial Healthcare System	Occupation		
			ecutive Officer	_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	Cirici (apeciiy) 🔻			1
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,	UBTOTAL of Receipts This Page (optional)			1500.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 149
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Greg Zorman, M.D.			Date of Receipt
	Mailing Address 5730 Arapahoe Road			10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 13375916
	Fort Lauderdale	FL	33312-6354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Healthcare System	Occupation Chief of N	n Neurosurgery	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nina Tucker			Date of Receipt
	Mailing Address 3115 N. 36th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13375917
	Hollywood	FL	33021-3062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Regional Hospital	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Bookint
C.	Mr. James G FitzPatrick  Mailing Address 1000 Fourth Street SW			Date of Receipt
	Mailing Address 1000 Fourth Street SW			10 23 2006
	City	State	Zip Code	Transaction ID: 13378403
	Mason City	IA	50401-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-North Iowa	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
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				1250.00
S	UBTOTAL of Receipts This Page (optional)		······	1200.00
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2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 149
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An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. John C Sheehan			Date of Receipt
	Mailing Address P O Box 3026			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378404
	Cedar Rapids	IA	52406-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Luke's Hospital	Occupation	n e Vice President and Chief C	)ne
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Theodore E Townsend			Date of Receipt
	Mailing Address P O Box 3026			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378405
	Cedar Rapids	IA	52406-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Luke's Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Mr. John E Knox			Date of Receipt
	Mailing Address 350 North Grandview A	venue		10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378406
	Dubuque	IA	52001-6392	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Finley Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 35 / 149
			Use separate schedule(s) or each category of the	(check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. C. James Platt			Date of Receipt
	Mailing Address 2206 256th Avenue			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378409
	West Point	IA	52656-9347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fort Madison Community Ho- spital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
3.	Full Name (Last, First, Middle Initial) Mr. Charles R Miller			Date of Receipt
	Mailing Address P O Box 250			10 23 2006
	City	State	Zip Code	Transaction ID: 13378410
	Sheldon	IA	51201-0250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Northwest Iowa Health Cen- ter	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	1	250.00	
		0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Todd C Linden			Date of Receipt
	Mailing Address 210 Fourth Avenue			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378411
	Grinnell	IA	50112-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Grinnell Regional Medical	Occupation		]
	Center Receipt For:	1	t and Chief Executive Officer  Year-to-Date   Very state of the state	_
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		250.00	
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S	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Llas congrete cohodulo(s)	FOR LINE NUMBER: PAGE 36 / 149
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Richard A Seidler, , FACHE			Date of Receipt
	Mailing Address 1825 Logan Avenue			10 23 2006
	City	State	Zip Code	Transaction ID: 13378423
	Waterloo	IA	50703-1916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Allen Memorial Hospital	Occupation Chief Exe	ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson			Date of Receipt
	Mailing Address 1 St Joseph's Drive			10 23 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13378425
				I Hallsaction ID. 10070720
	Centerville	IA	52544-9088	Amount of Each Receipt this Period
	Centerville FEC ID number of contributing federal political committee.	C	52544-9088	
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Cent-	C		Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation President		Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville  Receipt For:  Primary General	Occupation President	n t and Chief Executive Office Year-to-Date ▼	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For:	Occupation President	n t and Chief Executive Office	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville  Receipt For:  Primary General	Occupation President	n t and Chief Executive Office Year-to-Date ▼	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)	Occupation President Aggregate	n t and Chief Executive Office Year-to-Date ▼	Amount of Each Receipt this Period  250.00
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Mr. Dan Sheehan  Mailing Address 407 South White Stree	Occupation President Aggregate	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M M / D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree	Occupation President Aggregate	t and Chief Executive Office Year-to-Date ▼ 250.00	Date of Receipt  Date of Receipt  250.00  Date of Receipt  250.00
 C.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree  City Mount Pleasant FEC ID number of contributing federal political committee.	Occupation President Aggregate	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M M / D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree  City Mount Pleasant FEC ID number of contributing	Occupation President Aggregate  t  State IA  C  Occupation	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52641-2262	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree  City Mount Pleasant  FEC ID number of contributing federal political committee.  Name of Employer Henry County Health Center  Receipt For:	C Occupation President Aggregate  t State IA C Occupation Chief Exe	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52641-2262	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree  City Mount Pleasant  FEC ID number of contributing federal political committee.  Name of Employer Henry County Health Center	C Occupation President Aggregate  t State IA C Occupation Chief Exe	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52641-2262	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree  City Mount Pleasant  FEC ID number of contributing federal political committee.  Name of Employer Henry County Health Center  Receipt For:  Primary General	C Occupation President Aggregate  t State IA C Occupation Chief Exe	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52641-2262	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Medical Center-Centerville Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dan Sheehan Mailing Address 407 South White Stree  City Mount Pleasant  FEC ID number of contributing federal political committee.  Name of Employer Henry County Health Center  Receipt For:  Primary General	C Occupation President Aggregate  t State IA C Occupation Chief Exe	zip Code 52641-2262  Zip Code 52641-2262  Zip Code 52641-2262	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 37 / 149
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Russell M Knight			Date of Receipt
	Mailing Address 250 Mercy Drive			10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 13378430
	Dubuque	IA	52001-7320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-Dubu-	Occupation President	n t and Chief Executive Officer	
	que Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Paul Dougherty			Date of Receipt
	Mailing Address P O Box 3168			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 13378435
	Sioux City	IA	51102-3168	Amount of Each Receipt this Period
	FEC ID number of contributing		01102 0100	
	federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-Sioux	Occupation	n t and Chief Executive Officer	]
	City Pageint For:	1	Year-to-Date ▼	
	Receipt For:  Primary  General	Aggregate	rtear-to-Date V	1
	Other (specify)		500.00	
	(4)	0 0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Ms. Marilyn E. Kaptain-Dahlen			Date of Receipt
	Mailing Address 801 15th Street Box 203			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378436
	Sioux City	IA	51105-1502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-Sioux	Occupation		7
	City		sident, Regionalization	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	1
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 149
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and States	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Mark D Richardson			Date of Receipt
	Mailing Address 1221 South Gear Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13378438
	West Burlington	IA	52655-1681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Great Piver Medical Center	Occupation		
			and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Tom Tibbitts			Date of Receipt
	Mailing Address 802 Kenyon Road			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13378439
	Fort Dodge	IA	50501-5740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Trinity Regional Medical	Occupation		
	Center	President		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	250.00	
).	Full Name (Last, First, Middle Initial) Mr. John M Comstock			Date of Receipt
	Mailing Address 300 Sioux Valley Drive			M M / D D / Y Y Y Y
	20			10 23 2006
	City Cherokee	State IA	Zip Code	Transaction ID: 13378440
		IA	51012-1205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Cherokee Régional Medical	Occupation		
	Center		ecutive Officer	_
Receipt For:  Primary  General  Aggregation		Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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т	OTAL This Period (last page this line number only	<i>(</i> )	<b>•</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 39 / 149		
•		Use separate schedule(s) or each category of the		(check only one)		
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph LeValley			Date of Receipt		
	Mailing Address 1111 6th Avenue			10 23 2006		
	City	State	Zip Code	Transaction ID: 13378447		
	Des Moines	IA	50314-2611	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Mercy Medical Center-Des	Occupation	1			
	Moines		ce President Planning and S	Sys		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) 🔻	0 0				
В.	Full Name (Last, First, Middle Initial) Mr. David H Vellinga			Date of Receipt		
	Mailing Address 1111 6th Avenue			M M / D D / Y Y Y Y		
				10 23 2006		
	City	State	Zip Code	Transaction ID: 13378448		
	Des Moines	IA	50314-2611	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	rederal political committee.					
	Name of Employer Mercy Medical Center-Des	Occupation				
	Moines		t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)	0 0				
_	Full Name (Last, First, Middle Initial)			Data of Daggiet		
C.	Ms. Donna M Oliver  Mailing Address 1410 North Fourth Stree	ot .		Date of Receipt		
	1410 NOITH FOURTH Street	₹l		10 23 2006		
	City	State	Zip Code	Transaction ID: 13378449		
	Clinton	IA	52732-2940	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		230.00		
	Name of Employer Mercy Medical Center-Clin-	Occupation				
	ton		t and Chief Executive Officer	<u> </u>		
	Receipt For:	Aggregate	Year-to-Date ▼	. [		
	Primary General	1	250.00			
	Other (specify)	1 1				
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2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 40 / 149
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			Detailed Summary Page	13 14	15   16   17
Δn	y information copied from such Reports and Stat	tements may	y not be sold or used by any perso		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\	American Hospital Association PAC				
/	American Floophal Accordation 1 Ac				
	Full Name (Last, First, Middle Initial)				
٩.	Mr. Allen E Pohren			Date of Receipt	
	Mailing Address P O Box 498			M M / D D	
				10 23	2006
	City	State	Zip Code	Transaction ID: 13	3378450
	Red Oak	IA	51566-0498	Amount of Each Re	eceipt this Period
	FEC ID number of contributing			1 1 1 1	050.00
	federal political committee.	C			250.00
	Name of Employer Montgomery County Memorial	Occupation			
	Hospital	Administ			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0	230.00		
	Full Name (Last, First, Middle Initial)			D	
٥.	Mr. Stephen M. Cardamone, D.O.			Date of Receipt	
	Mailing Address 3421 West Ninth Street	10 23			
	City	State	Zip Code		
	•		•	Transaction ID: 13	
	Waterloo	<u>IA</u>	50702-5499	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer	Occupation	1		
	Covenant Medical Center	Sr. VP/ C	hief Medical Officer		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>		
	Primary General	1 1		1	
	Other (specify) ▼	1	250.00		
				1	
	Full Name (Last, First, Middle Initial)				
Э.	Mr. Richard J Frenchie			Date of Receipt	
	Mailing Address 13207 Ravenna Road			10 23	
	01.	01-1-	7'- 0-1-		
	Charden	State	Zip Code	Transaction ID: 13	
	Chardon	OH	44024-7032	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer	Occupation	1		
	UHHS Geauga Regional Hosp- ital		and Chief Executive Officer		
	Receipt For:	l	Year-to-Date ▼	7	
	Primary General	33 0 11		1	
	Other (specify)		500.00		
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	•				1000 65
SI	JBTOTAL of Receipts This Page (optional)				1000.00
T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 41 / 149	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIVIIZED TILCEIF 13			Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
OI		name and add	dress of any political committee to	SOIICIT CONTINUUTIONS TROM	Such committee.
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. Cliff Coker			Date of Receipt	
	Mailing Address 11470 Euclid Avenue			M M / D D	/ <b>Y                                   </b>
	Suite 32			10 23	2006
	City	State	Zip Code	Transaction ID: 13	378572
	Cleveland	OH	44106-3938	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	N (5 )	10 "		_	
	Name of Employer University Hospitals of	Occupation			
	Cleveland		ecutive Officer • Year-to-Date ▼	_	
	Receipt For:  Primary  General	Aggregate	rear-lo-Dale ▼		
	Other (specify)	' '	250.00		
	Curici (Speelity)	1			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address One Perkins Square			M M / D D	/ <b>Y                                   </b>
				10 23	2006
	City	State	Zip Code	Transaction ID: 13	378573
	Akron	OH	44308-1062	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				200.00
	Name of Employer	Occupation	า		
	Name of Employer Akron Children's Hospital	Presiden			
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0			
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
C.	Mr. James R Pancoast			Date of Receipt	
	Mailing Address 2222 Philadelphia Drive	Э		10 23	2006
	City	State	Zip Code	Transaction ID: 13	
	Dayton	OH	45406-1813	Amount of Each Re	
	•	011	45400 1015	Amount of Lacif Ne	ceipi illis Pellou
	FEC ID number of contributing federal political committee.	C			250.00
Name of Employer Good Samaritan Hospital  Receipt For:  A					
		Occupation			
			t and Chief Executive Officer		
		Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify)	- 1			
_	IIDTOTAL of Doccinto This Dane (subtage)				750.00
$\vdash$	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>		
+	OTAL This Period (last page this line number of	only)			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 42/149	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
"	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	n for the purpose of solici	ting contributions
Oi		iame and add	dress of any political committee to	SOlicit Contributions from	Such committee.
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)			1	
Α.	Mr. John E. Callender			Date of Receipt	
	Mailing Address 2743 Elginfield Road			M M / D D	/ <b>Y                                   </b>
	2			10 23	2006
	City	State	Zip Code	Transaction ID: 13	378584
	Upper Arlington	OH	43220-4247	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				05.00
	federal political committee.	C			25.00
	Name of European	10	-	4	
	Name of Employer Ohio Hospital Association	Occupation			
			ce President	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	375.00		
	Cirici (specify)				
_	Full Name (Last, First, Middle Initial)				
B.	Mr. Kevin E Lofton			Date of Receipt	
	Mailing Address 1999 Broadway, Suite 2	2600		M M / D D	/ <b>Y                                   </b>
				10 30	2006
	City	State	Zip Code	Transaction ID: 13	398983
	Denver	CO	80202-3025	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			1000.00
	federal political committee.	0			
	Name of Employer Catholic Health Initiativ-	Occupation	า	-	
	Catholic Health Initiatives		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		100000		
	Other (specify) ▼		1000.00		
_	Full Name (Last, First, Middle Initial)			5	
C.	Mr. Richard J Failing			Date of Receipt	
	Mailing Address 1031 Seventh Street No.	ortneast		10 30	2006
	City	State	Zip Code	Transaction ID: 13	399081
	Devils Lake	ND	58301-2719	Amount of Each Re	
	FEC ID number of contributing				<del> </del>
	federal political committee.	C			250.00
			_	_	
	Name of Employer Mercy Hospital	Occupation			
Criter E			ecutive Officer • Year-to-Date ▼	-	
	Receipt For: Primary General	Aggregate	; ו כמו־נט־טמנכ ₹		
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0		
	I				
s	UBTOTAL of Receipts This Page (optional)				1275.00
$\vdash$					
T	OTAL This Period (last page this line number o	only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 43 / 149 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the n	ntements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Ms. Rita K Buurman, RN Mailing Address 450 Parkview Drive			Date of Receipt  1 1 0 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 13399668
	Sabetha	KS	66534-0229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sabetha Community Hospital		ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Bob S Edwards, Jr.			Date of Receipt
	Mailing Address 611 Canyon View Drive	111 / 02 / Y Y Y Y Y Y Y		
	City	State KS	Zip Code	Transaction ID: 13399681
	Lansing FEC ID number of contributing federal political committee.	C	66043-6270	Amount of Each Receipt this Period  250.00
	Name of Employer Cushing Memorial Hospital		ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Dennis L George			Date of Receipt
	Mailing Address P O Box 189			11 02 7 2006
	City Burlington	State KS	Zip Code 66839-0189	Transaction ID: 13399691  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00039-0109	250.00
	Name of Employer Coffey County Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nly)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 149
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$	·			
	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
	Mailing Address P O Box 366			1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	C:h.	Ctata	7in Codo	
	City	State	Zip Code	Transaction ID: 13399713
	Phillipsburg	KS	67661-0366	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	•		
	Name of Employer	Occupation	า	7
	Name of Employer Great Plains Health Allia- nce, Inc.		t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 26342 W. 110th Terr.			M M / D D / Y Y Y Y
				11 02 2006
	City	State	Zip Code	Transaction ID: 13399735
	Olathe	KS	66061-8413	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	2	$\dashv$
	Lawrence Memorial Hospital		t and Chief Executive Officer	
	Receipt For:	1	Year-to-Date V	-
	Primary General	Aggregate	Freal-10-Date ▼	1
	Other (specify)		250.00	
	Carlor (opeciny) 🔻	0 0		
	Full Name (Last, First, Middle Initial)			+
C.	Mr. Gene E Schmidt			Date of Receipt
	Mailing Address 1812 E. 24th			M M / D D / Y Y Y Y
				11 02 2006
	City	State	Zip Code	Transaction ID: 13399751
	Hutchinson	KS	67502-1108	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer	Occupation		
	Name of Employer Hutchinson Hospital Corpo-			
	ration	President	e Year-to-Date ▼	-
	Receipt For:  Primary  General	Aggregate	: 1 Eai-10-Dale V	,
	Other (specify)		250.00	
	Carol (opcony) 🔻	0 0	0 0 0 0 0 0 0	1
_	IIDTOTAL of December Title Day (1971)			750.00
Ls	UBTOTAL of Receipts This Page (optional)		······	
1				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 45 / 149
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Larry P Schumacher			Date of Receipt
	Mailing Address 1407 N Glancey			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	011	01-1-	7's Oads	11 02 2006
	City	State	Zip Code	Transaction ID: 13399753
	Andover	KS	67002-7410	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			555.55
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer Via Christi Health System		t and CEO	
	Receipt For:		Year-to-Date ▼	
	Primary General	7 tggrogato	rear to Bate V	1
	Other (specify)		300.00	
		0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address Box 2923			M M / D D / Y Y Y Y
				11 02 2006
	City	State	Zip Code	Transaction ID: 13399763
	Shawnee Mission	KS	66201-1323	Amount of Each Receipt this Period
	FEC ID number of contributing		* * * * * *	050.00
	federal political committee.	C		250.00
		10		
	Name of Employer Shawnee Mission Medical	Occupation		
	Center		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)			
	E. II Nicoco (Leat. Eleat. Middle 1-25-1)			
C.	Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud			Date of Receipt
-	Mailing Address 7 Ivanhoe Drive			M M / D D / Y Y Y Y
	J. J. T. T. T. TVAIIIIOO BIIVO			10 24 2006
	City	State	Zip Code	Transaction ID: 13399995
	Topsham	ME	04086-6109	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Maine Hospital Association	Occupation		
		President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	]
	Other (specify) ▼		300.00	1
_				
				1050.00
S	UBTOTAL of Receipts This Page (optional)			1030.00

SCHEDULE A (FEC Form 3X)		l loo concrete cobodulo(o)	FOR LINE NUMBER: PAGE 46 / 149	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RESENTS		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δr	ry information copied from such Reports and State	amente mai	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$				
Α.	Full Name (Last, First, Middle Initial) Mr. Dennis O'Malley			Date of Receipt
Α.	Mailing Address 3425 South Clarkson Stro	oot		M M / D D / Y Y Y Y
	Walling Address 5425 South Clarkson Still	<del>ce</del> i		10 24 2006
	City	State	Zip Code	Transaction ID: 13400000
	Englewood	CO	80113-2899	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Craig Hospital	Occupation		
		President	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Other (specify)	1 1	0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ron Branish			Date of Receipt
Ь.	Mailing Address 3425 South Clarkson Stru	oot		M M / D D / Y Y Y Y
	Walling Address 5425 South Clarkson Still	ee.		10 24 2006
	City	State	Zip Code	Transaction ID: 13400001
	Englewood	CO	80113-2899	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			230.00
	Name of Employer	Occupation	<u> </u>	-
	Craig Hospital	Vice Pres	sident, Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Mr. Michael A Anaya, , Sr., FAC			Date of Receipt
	Mailing Address 1000 Lincoln Street			M M / D D / Y Y Y
				10 24 2006
	City	State	Zip Code	Transaction ID: 13400002
	Fort Morgan	CO	80701-3210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
Colorado Plains Medical Center Chief Ex		Occupation		
			ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	,
	Primary General Other (specify) ▼	' '	500.00	
	calci (opcony) \			1
Г				
s	UBTOTAL of Receipts This Page (optional)			1000.00
F	,			-
т	OTAL This Period (last page this line number onl	y)		

SCHEDULE A (FEC Form 3X)			Llas separata ashadula(a)	FOR LINE NUMBER: PAGE 47 / 149
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	r not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Lucinda A Bradley			Date of Receipt
	Mailing Address P O Box 1167			10 24 2006
	City	State	Zip Code	Transaction ID: 13400009
	North Platte	NE	69103-1167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Great Plains Regional Med- ical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. William L Welch, , CHE			Date of Receipt
	Mailing Address 728 McDowell			10 24 2006
	City	State	Zip Code	Transaction ID: 13400010
	Fairbury	NE	68352-2853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jefferson Community Health Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Thomas Sommers			Date of Receipt
	Mailing Address 2006 Irving Street			M M / D D / Y Y Y Y Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 13400011
	Beatrice	NE	68310-2265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Beatrice Community Hospit- al and Health Receipt For:  Aggree			ecutive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T-	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 149
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James B Cole			Date of Receipt
	Mailing Address 1701 North George Ma	son Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13400015
	Arlington  FEC ID number of contributing federal political committee.	C	22205-3610	Amount of Each Receipt this Period 500.00
	Name of Employer Virginia Hospital Center - Arlington Receipt For:  Primary  General  Other (specify) ▼		ecutive Officer  Year-to-Date   500.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Joyce Grove Hein Mailing Address 1215 Tibbals Street			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 13400073
	Holdrege	NE	68949-1255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Phelps Memorial Health Center Receipt For:  Primary  General  Other (specify) ▼		n rator and Chief Executive Of Pear-to-Date ▼ 250.00	fi
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gary A Perkins			Date of Receipt
	Mailing Address 8200 Dodge Street			10 30 YYYYY 2006
	City Omaha	State NE	Zip Code 68114-4113	Transaction ID: 13400074
	FEC ID number of contributing federal political committee.	C	00114-4113	Amount of Each Receipt this Period  250.00
	Name of Employer Children's Hospital	Occupation	n t and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number.			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 49 / 149
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 stanea Sammary rago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
Α.	Full Name (Last, First, Middle Initial) Mr. D. Michael Leibert, , FACHE			Date of Receipt
	Mailing Address 450 East 23rd Street			10 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 13400075
	Fremont	NE	68025-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fremont Area Medical Cent-	Occupation	n t and Chief Executive Officer	_
	er Receipt For:		e Year-to-Date   Very rear-to-Date   Very rear	_
	Primary General	Aggregate	r rear-to-date V	1
	Other (specify)		250.00	
			0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. Roger J Reamer			Date of Receipt
	Mailing Address 300 North Columbia Av	renue		M M / D D / Y Y Y Y
				10 30 2006
	City	State	Zip Code	Transaction ID: 13400076
	Seward	NE	68434-2228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	7
	Memorial Health Care Syst- ems	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Jeffrey A. Weinstein			Date of Receipt
	Mailing Address 22 Nathan Lord Road			10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13401139
	Amherst	NH	03031-3004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts-New England Medical	Occupation	n	7
	Center England Medical		ice President & General Cou	ıns
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_				
	UDTOTAL (D. 11 TIL D. 11 TIL TIL			1000.00
L	UBTOTAL of Receipts This Page (optional)		······	
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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 50 / 149
	Use separate so	chedule(s) (check only one)
ITEMIZED RECEIPTS	or each category  Detailed Summa	
	Detailed Summa	13 14 15 16 17
Any information copied from such Reports and Sta	ements may not be sold or use	d by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and address of any politica	d committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		
Mr. John W. Polanowicz		Date of Receipt
Mailing Address 2 Abenaki Road		M M / D D / Y Y Y Y
		10 30 2006
City	State Zip Code	Transaction ID: 13401140
Northborough	MA 01532-2433	Amount of Each Receipt this Period
FEC ID number of contributing		050.00
federal political committee.	C	250.00
Name of Employer UMass Memorial-Marlborough	Occupation	
UMass Memorial-Marlborough Hospital	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		252.22
Other (specify)		250.00
Full Name (Last, First, Middle Initial)		
Ms. Karen O Moore, , R.N., MS		Date of Receipt
Mailing Address 164 High Street		10 30 2006
City	State 7in Code	
City	State Zip Code	Transaction ID: 13401141
Greenfield	MA 01301-2613	Amount of Each Receipt this Period
FEC ID number of contributing	C	250.00
federal political committee.		
Name of Employer	Occupation	
Franklin Medicál Center	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		500.00
Other (specify) ▼		500.00
Full Name (Last, First, Middle Initial)		D. 15
Mr. William J. Shickolovich		Date of Receipt
Mailing Address 585 Sharpners Pond Ro	ad	10 30 2006
City	State Zip Code	Transaction ID: 13401142
North Andover	MA 01845-3335	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		250.00
Name of Employer Tufts-New England Medical	Occupation	
Center	Chief Information Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)		250.00
Onlor (specify) \		
SUBTOTAL of Receipts This Page (optional)		750.00
TODITINE OF TRECEIPES THIS Page (optional)		
TOTAL This Period (last page this line number or	ly)	<u> </u>

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 149
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John Fernandez			Date of Receipt
	Mailing Address 5 Otis Street			10 30 2006
	City	State	Zip Code	Transaction ID: 13401143
	Needham	MA	02492-3403	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Brigham and Women's Hospi- tal	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. John A. Lodico			Date of Receipt
	Mailing Address 12 Davis Street			10 30 YYYYY 10 30 2006
	City	State	Zip Code	Transaction ID: 13401145
	Belmont	MA	02478-5030	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Massachusetts Hospital As-	Occupation		
	sociation	_	ications Manager	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)	0 0	200.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
<b>U</b> .	Mr. Terence G. Dougherty  Mailing Address 57 Dent St.			M M / D D / Y Y Y Y
	Walling Address 57 Delit St.			10 30 2006
	City	State	Zip Code	Transaction ID: 13401146
	West Roxbury	MA	02132-3205	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Caritas Christi Health Ca-	Occupation Vice Pres		
	re Receipt For:		Year-to-Date ▼	_
	Primary General	551 05410	1 1 1 1 1 1 1 1 1	1
	Other (specify)		250.00	
				1
s	UBTOTAL of Receipts This Page (optional)			750.00
$\vdash$				

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 52 / 149				
			Use separate schedule(s)	(check only one)	5=7.7.5				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c				
			Detailed Summary Page	13 14	15 16 17				
Δn	y information copied from such Reports and Sta	tements may	not he sold or used by any nerso						
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)								
\	American Hospital Association PAC								
/	American Hospital Association 1 Ao								
_	Full Name (Last, First, Middle Initial)								
٩.	Mr. Michael D Skinner			Date of Receipt					
	Mailing Address 164 High Street			M M / D D					
				10 30	2006				
	City	State	Zip Code	Transaction ID: 13	401147				
	Greenfield	MA	01301-2613	Amount of Each Red					
	FEC ID number of contributing								
	federal political committee.	C			250.00				
	Name of Employer Franklin Medical Center	Occupation							
	Transiti Medical Genter	President	*						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		250.00						
	Other (specify)		250.00						
_	Full Name (Last, First, Middle Initial)								
<b>პ</b> .	Mr. Robert E. Gibbons			Date of Receipt					
	Mailing Address 28 State Street, 28th FL			M M / D D	2006				
	01.	State	Zip Code	10 30					
	City	Transaction ID: 13							
	Boston	MA	02109-1775	Amount of Each Red	ceipt this Period				
	FEC ID number of contributing	С			500.00				
	federal political committee.	9							
	Name of Employer	Occupation	1	-					
	Massachusetts Hospital As-		sident, Government Advocac	·v					
	sociation Receipt For:	1	e Year-to-Date ▼	<del>'</del>					
	Primary General	1.55.15		1					
	Other (specify)		500.00						
				'					
	Full Name (Last, First, Middle Initial)								
Э.	Mr. Richard L. Cunningham			Date of Receipt					
	Mailing Address 7 Ledgewwod Lane			M M / D D	/ Y Y Y Y				
				10 30	2006				
	City	State	Zip Code	Transaction ID: 13	401149				
	Brighton	MA	04107	Amount of Each Red	ceipt this Period				
	FEC ID number of contributing	С			500.00				
	federal political committee.	<u> </u>			300.00				
	Name of Employer	Occupation	<u> </u>	$\dashv$					
	Name of Employer Caritas Christi Health Ca-	1	e Vice President						
	re Receipt For:	1	e Year-to-Date ▼	-					
	Primary General	99. 09alc							
	Other (specify)		500.00						
			1 1 1 1 1 1 1 1	'					
SI	UBTOTAL of Receipts This Page (optional)				1250.00				
	. 3 (1)			-					
T	OTAL This Period (last page this line number or	nly)	<b>)</b>						

SCHEDULE A (FEC Form 3X)		Harana and a sala da la (a)	FOR LINE NUMBER: PAGE 53 / 149		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Anninformation against frame and Danast	Ct-t		13 14 15 16 17		
or for commercial purposes, other than us	sing the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Hospital Association F	PAC				
Full Name (Last, First, Middle Initial)  A. Ms. Jeanette G Clough			Date of Receipt		
Mailing Address 330 Mount Aubu	rn Street		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 13401150		
Cambridge	MA	02138-5502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		750.00		
Name of Employer Mount Auburn Hospital		t and Chief Executive Officer			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial)  3. Mr. Thomas C Porter			Date of Receipt		
Mailing Address 88 Washington S	Street		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 13401151		
Taunton	MA	02780-2465	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Morton Hospital and Medic-	Occupation Presiden				
<u>al Center</u> Receipt For:		Year-to-Date ▼	-		
Primary General Other (specify) ▼		1000.00			
Full Name (Last, First, Middle Initial)  C. Mr. Steven F Bradley			Date of Receipt		
Mailing Address 759 Chestnut St	reet		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 13401152		
Springfield	MA	01199-0001	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer Baystate Health, Inc.	Occupation Vice Pres	n sident Government Relations			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	650.00			
SUBTOTAL of Receipts This Page (opti	onal)		2050.00		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 54 / 149
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
11	II LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
Or		name and add	aress of any political committee to	Solicit Contributions from	Such committee.
	NAME OF COMMITTEE (In Full)				
17	American Hospital Association PAC				
_	Full Name (Last First Middle Latis)				
Δ.	Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens			Date of Receipt	
	Mailing Address 5 New England Executi	ve Park		M M / D D	/ Y
	5 TOW England Excodi	voran		10 30	2006
	City	State	Zip Code	Transaction ID: 13	401153
	Burlington	MA	01803-5010	Amount of Each Re	
	FEC ID number of contributing				1 1 1 1
	federal political committee.	C			280.00
		10			
	Name of Employer Massachusetts Hospital As-	Occupation			
	sociation		President, Legal	_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		280.00		
	Other (specify)	0 0		1	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 10101 Double R Blvd.			M M / D D	/ <b>Y Y Y Y</b>
				11 01	2006
	City	State	Zip Code	Transaction ID: 13	404751
	Reno	NV	89521-5931	Amount of Each Re	ceipt this Period
	FEC ID number of contributing		0 0 0 0		500.00
	federal political committee.	C			500.00
	Name of Employer	Occupation	2		
	Name of Employer Washoe Medical Center	Administ			
	Receipt For:		Year-to-Date ▼	$\dashv$	
	Primary General	Aggregate	real to Bate V	1	
	Other (specify) ▼		500.00		
			0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Sophie Womack			Date of Receipt	
	Mailing Address 6071 West Outer Drive			M M / D D	
	011	01-1-	7's Osda	11 01	2006
	City	State	Zip Code	Transaction ID: 13	
	Detroit	MI	48235-2624	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer	Occupation	n		
	Sinai-Grace Hospital	Chief of I	Neonatology		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	050.00	1	
Other (specify) ▼			250.00		
					1020.00
s	UBTOTAL of Receipts This Page (optional)		·····		1030.00
				-	
T	OTAL This Period (last page this line number of	only)	<b>)</b>		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 149
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. John J. Lynch, M.D.			Date of Receipt
	Mailing Address 3719 Winfield Lane, N	N		11
	City	State	Zip Code	Transaction ID: 13404763
	Washington	DC	20007-2349	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington Hospital Center	Occupation Associate	n e Medical Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	1000.00	7
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Barbara Steele			Date of Receipt
	Mailing Address 2142 North Cove Bould	evard		1 1 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 13404764
	Toledo	OH	43606-3896	Amount of Each Receipt this Period
				— · · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee.	C		250.00
		Occupation Presiden		
	federal political committee.  Name of Employer	Occupation Presiden		
	Name of Employer Toledo Hospital, The	Occupation Presiden	<u>t</u>	
	Name of Employer Toledo Hospital, The  Receipt For: Primary General	Occupation Presiden	t Year-to-Date ▼	
C.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Presiden	t Year-to-Date ▼	250.00
C.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith	Occupation Presiden	t Year-to-Date ▼	Date of Receipt
C.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith  Mailing Address 13 Burnham Road	Occupation President Aggregate	t Year-to-Date ▼ 250.00	Date of Receipt  1 1 0 1 250.00
C.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith  Mailing Address 13 Burnham Road  City	Occupation President Aggregate	t Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith Mailing Address 13 Burnham Road  City Wenham  FEC ID number of contributing federal political committee.  Name of Employer Jewish Memorial Hospital	Occupation President Aggregate  State MA  C	t Year-to-Date ▼ 250.00  Zip Code 01984-1908	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith Mailing Address 13 Burnham Road  City Wenham  FEC ID number of contributing federal political committee.	Occupation President Aggregate  State MA  C  Occupation President	Zip Code 01984-1908	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith  Mailing Address 13 Burnham Road  City  Wenham  FEC ID number of contributing federal political committee.  Name of Employer Jewish Memorial Hospital and Rehabilit Receipt For:  Primary General	Occupation President Aggregate  State MA  C  Occupation President	Zip Code 01984-1908  and Chief Executive Office Vear-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith  Mailing Address 13 Burnham Road  City Wenham  FEC ID number of contributing federal political committee.  Name of Employer Jewish Memorial Hospital and Rehabilit Receipt For:	Occupation President Aggregate  State MA  C  Occupation President	Zip Code 01984-1908	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer Toledo Hospital, The  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Kimberly A Smith  Mailing Address 13 Burnham Road  City  Wenham  FEC ID number of contributing federal political committee.  Name of Employer Jewish Memorial Hospital and Rehabilit Receipt For:  Primary General	State MA  C  Occupation President Aggregate  State MA  C  Occupation President Aggregate	Zip Code 01984-1908  at and Chief Executive Office Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	PAGE 56 / 149	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
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				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solici solicit contributions from	ting contributions such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	7 interiodir i toopital 7 loodestation 17 to				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. John Stevenson			Date of Receipt	
	Mailing Address 250 Pond Street			1 1 0 1	2006
	City	State	Zip Code	Transaction ID: 13	
	Braintree	MA	02184-5351	Amount of Each Re	
			02104 0001	Amount of Laciffie	· · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	<u> </u>				
	Name of Employer HEALTHSOUTH Braintree Reh-	Occupation			
	abilitation H	Medical [		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
		0 0		1	
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Richard T Palmisano, , II, R.N.			Date of Receipt	
	Mailing Address 71 Hospital Avenue			M M / D D	/ Y Y Y Y Y
	Cit.	01-1-	7:n Oada	11 01 2006	
	City	State	Zip Code	Transaction ID: 13	
	North Adams	MA	01247-2504	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.				250.00
	Name of Employer North Adams Regional Hosp-	Occupation			
	ital	President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	500.00		
	Other (specify)	1		J.	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. David W. Tower			Date of Receipt	
	Mailing Address 240 South Main Street			M M / D D	
	0''		7' 0 1	11 01	2006
	City	State	Zip Code	Transaction ID: 13	
	Wolfeboro	NH	03894-4455	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Huggins Hospital	Occupation			
			t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		250.00		
	☐ Other (specify) ♥		1 1 1 1 1 1 1 1	J	
۹	UBTOTAL of Receipts This Page (optional)				750.00
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T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

TTEMIZED RECEIPTS    Detailed Summary Page   Concentration   11	S	SCHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 57 / 149
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Colleen-J. Goode, RN, PhD. Maling Address 4200 East Ninth Avenue Post Office Box A-020  City Denver  CO S1220-3700  FEC ID number of contributing foderal political committee.  Name of Employer University of Colorado Hospital Period of Receipt For: Primary Other (specify) ▼  PEC ID number of contributing Colorado Hospital Pecident Aggregate Year-to-Date ▼ Primary Other (specify) ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	•			Use separate schedule(s) or each category of the	(check only one)
Intrinsiance copied from such Reports and Statements may not be sold or used by any person for the purpose of scholling contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Ame. Claest, First, Middle Initial)  Date of Receipt  Transaction ID: 13404776  Amount of Each Receipt Information of Each Receipt Information of Each Receipt Information of Each Receipt Information ID: 13404897  Amount of Each Receipt Information ID: 13404897  Full Name (Last, First, Middle Initial)  B. Mis. Christine O Schuster  Mailing Address 133 Old Rd to Nine Acre Corner  City State Zip Code  Concord MA 01742-9120  FEC ID number of contributing federal political committee.  Concord Aggregate Year-to-Date ▼  Primary General Orther (specify) ▼  Primary General Orther (specify) ▼  Full Name (Last, First, Middle Initial)  C. Interpolate Interpo	"	EMIZED RECEIP 13			
of rocommercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, Fist, Middle Initial)  Ass. Colleton-Looke, Ph. Ph.D.  Mailing Address 4200 East Ninth Avenue Post Office Box A-020  Derver					
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Collean J. Goode, RN, PhD. Maining Address 4200 East Ninth Avenue Post Office Box A-020  City State Zip Code Denver C.O. 80220-3700  FEC ID number of contributing federal political committee.  Name of Employer University of Colorado Hospital  B. Ms. Christine C Schuster  Maling Address 133 Old Rd to Nine Acre Corner  City State Zip Code Transaction ID: 13404776  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 134048776  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt Insertion  Transaction ID: 13404897  Transactio	Ai or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Ms. Colleen J. Goode, RN. PhD.  Mailing Address 4200 East Ninth Avenue Post Office Box A 020  City State Zip Code Denver CO 89229-9700  FEC ID number of contributing federal political committee.  Clast First, Middle Initial)  Full Name (Last, First, Middle Initial)  B. Ms. Christines C Schuster  Mailing Address 133 Old RId to Nine Acre Corner  City State Zip Code University of Colorado Hospital  Receipt For: Primary General Other (specify) ▼  State Zip Code MA 01742-9120  FEC ID number of contributing federal political committee.  Clay State Zip Code MA 01742-9120  FEC ID number of contributing federal political committee.  Cocupation Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  FEC ID number of contributing federal political committee.  Cocupation Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mr. Matthew Andreson. JD  Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul  MN S5114-1052  FEC ID number of contributing federal political committee.  Clast First, Middle Initial)  C. Mr. Matthew Andreson. JD  Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.  Clay Saint Paul  NN S5114-1052  FEC ID number of contributing federal political committee.	Λ	NAME OF COMMITTEE (In Full)			
A. Me. Colleen. J. Goode, RN, PhD.  Mailing Address 4200 East Ninth Avenue Post Office Box A-020  City Deriver CO 80220-3700  FEC ID number of contributing federal political committee.  Name of Employer University of Colorado Hospital Primary General Other (specify) ▼  State Zip Code University of Colorado Hospital Recopt For: Primary General Other (specify) ▼  City State Zip Code City Aggregate Year-to-Date ▼  Fell Name (Last, First, Middle Initial)  Mame of Employer Emerson Hospital President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼  City State Zip Code Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Transaction ID: 13404897  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13404897  Amount of Each Receipt this Period  Transaction ID: 13404897  Amount of Each Receipt this Period  Transaction ID: 13404897  Amount of Each Receipt this Period  Transaction ID: 13404897  Amount of Each R		·			
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Toll Name (Last, First, Middle Initial)  B. Ms. Christine C Schuster  Mailing Address 133 Old Rd to Nine Acre Corner  City State Zip Code Concord MA 01742-9120  FEC ID number of contributing federal political committee.  Name of Employer Emerson Hospital  President and Chief Executive Officer  Primary General Other (specify) ▼  City State Zip Code  MA 01742-9120  Cocupation President and Chief Executive Officer  President and Chief Executive Officer  Primary General Other (specify) ▼  City State Zip Code  Min 55114-1052  FEC ID number of contributing federal political committee.  City State Zip Code  Transaction ID: 13405347  Amount of Each Receipt this Period  Transaction ID: 13405347  Amount of Each Receipt this Period  City State Zip Code  Transaction ID: 13405347  Amount of Each Receipt this Period  Cocupation Vice Pres, Regulatory/Strategic Affair Receipt For:  Primary General Other (specify) ▼  Cocupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cother (specify) ▼  Cocupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼  Cocupation Vice Pres, Regulatory/Strategic Affair Aggregate		Receipt For:			7
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B. Ms. Christine C Schuster  Mailing Address 133 Old Rd to Nine Acre Corner  City State Zip Code Concord MA 01742-9120  FEC ID number of contributing federal political committee.  Name of Employer Emerson Hospital President and Chief Executive Officer  Receipt For: Aggregate Year-to-Date ▼  Milling Address 2550 University Avenue W.  City State Zip Code Aggregate Year-to-Date ▼  Date of Receipt Time No. 13404897  Amount of Each Receipt this Period  FUI Name (Last, First, Middle Initial)  C. Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W.  City State Zip Code FEC ID number of contributing federal political committee.  Primary General Occupation  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association  Receipt For: Primary General Other (specify) ▼ 270.00  SUBTOTAL of Receipts This Page (optional)		Other (specify) ▼	0 0		
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Tull Name (Last, First, Middle Initial)  C. Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul MIN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) ▼  Substortal of Receipts This Page (optional)  Substortal of Receipts This Page (optional)		Primary General		500.00	1
C. Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  **Transaction ID: 13405347  Amount of Each Receipt this Period  **Transaction ID: 13405347  Amount of Each Receipt this Period  **Transaction ID: 13405347  Amount of Each Receipt this Period  20.00  **Transaction ID: 13405347  Amount of Each Receipt this Period  270.00  **Transaction ID: 13405347  Amount of Each Receipt this Period  270.00		Other (specify) ▼	0 0	500.00	
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$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt	
	Mailing Address 4885 Pheasant Court So	outh		11 02 2006	
	City	State	Zip Code	Transaction ID: 13405348	
	Afton	MN	55001-9415	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		269.50	
	Name of Employer Minnesota Hospital Associ- ation	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼	0 0	1001.00		
В.	Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn			Date of Receipt	
	Mailing Address 2550 University Avene			11 02 2006	
	City	State	Zip Code	Transaction ID: 13405349	
	St. Paul	MN	55114	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		140.00	
	Name of Employer Minnesota Hospital Associ-	Occupation	n sident of Information Service	s	
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	Primary General	33 -3			
	Other (specify)		700.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Todd Johnson			Date of Receipt	
	Mailing Address P O Box 43			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13405355	
	Minneapolis	MN	55440-0043	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Allina Hospitals & Clinics	Occupation Vice Pres	n sident Government Affairs		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00		
s	UBTOTAL of Receipts This Page (optional)			429.50	
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$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.			Date of Receipt
	Mailing Address 2525 Chicago Avenue S	South		11 02 2006
	City	State	Zip Code	Transaction ID: 13405356
	Minneapolis	MN	55404-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Children's Hospitals and Clinics of Mi	Occupation President	n t and Chief Executive Office	
	Receipt For:		e Year-to-Date ▼	
	Primary General		070.00	1
	Other (specify)	0 0	270.00	
В.	Full Name (Last, First, Middle Initial) Mr. Alan Grundei			Date of Receipt
	Mailing Address 1830 Peony Lane North			11 02 7 2006
	City	State	Zip Code	Transaction ID: 13405357
	Plymouth	MN	55447-2654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Integrated Health Systems-	Occupation		
	Dairyland	President		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		270.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr.			Date of Receipt
	Mailing Address 150 South Fifth Street Suite 2300			1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13405361
	Minneapolis	MN	55402-4200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Leonard, Street & Deinard, PA	Occupation Chair, He	n ealth Law Department	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
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	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
/	American Hospital Association FAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. James F Hanko			Date of Receipt	
	Mailing Address 1300 Anne Street NW			M M / D D / Y Y Y Y	
				11 02 2006	
	City	State	Zip Code	Transaction ID: 13405363	
	Bemidji	MN	56601-5103	Amount of Each Receipt this Period	
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	federal political committee.	C		110.90	
	Name of Employer North Country Regional Ho-	Occupation			
	spital	1	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		845.76		
	Other (specify)	1 1	010.70		
R	Full Name (Last, First, Middle Initial) Dr. Gordon L Alexander, , M.D.			Date of Receipt	
ъ.				<u> </u>	
	Mailing Address 2450 Riverside Avenue			11 02 2006	
	City	State	Zip Code	Transaction ID: 13405365	
	Minneapolis	MN	55454-1512	Amount of Each Receipt this Period	
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	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer University of Minnesota	Occupation	n		
	Medical Center	Presiden	t		
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	Primary General		395.00	1	
	Other (specify)		393.00		
_	Full Name (Last, First, Middle Initial) Mr. Gregg Redfield			Date of Receipt	
U.	Mailing Address 2550 University Avenue	. \\/		M M / D D / Y Y Y Y	
	Suite 350-S	₹ VV.		11 02 2006	
	City	State	Zip Code	Transaction ID: 13405366	
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period	
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	federal political committee.	C		250.00	
	N (5 )	10 "		_	
	Name of Employer Minnesota Hospital Associ-	Occupation			
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	Primary General Other (specify) ▼		250.00		
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman			Date of Receipt
	Mailing Address 200 East University Ave	enue		11 02 7 9 9
	City	State	Zip Code	Transaction ID: 13405378
	Saint Paul	MN	55101-2598	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Gillette Children's Speci-	Occupation President	n t and Chief Executive Officer	
	alty Healthca Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		850.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark A Skubic			Date of Receipt
	Mailing Address 6500 Excelsior Bouleva	rd		1 1 0 2 2 0 0 6
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	Minneapolis	MN	55426-4702	Transaction ID: 13405382
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	Name of Employer	Occupation	1	-
	Park Nicollet Health Serv-		sident Government Relations	s an
	ices Receipt For:		Year-to-Date ▼	1
	Primary General	111		1
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			2(2)
U.	Ms. Peggy Westby  Mailing Address 2550 University Avenue	. \\/		Date of Receipt
	Suite 350-S	· vv.		11 02 2006
	City	State	Zip Code	Transaction ID: 13405513
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Minnesota Hospital Associ-	Occupation		7
	ation		Trustee Services	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General	' '	250.00	
	Other (specify)			
_	IIDTOTAL «CD» 1 1 TU D			750.00
L	UBTOTAL of Receipts This Page (optional)		······	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 62 / 149
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIMIZED RECEIL 13			Detailed Summary Page	X 11a   11b	11c   12
_				13 14	15 16 17
Ar	ly information copied from such Reports and Si for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of solic solicit contributions from	iting contributions such committee.
<u></u>	NAME OF COMMITTEE (In Full)		areas areas, persons acriminates to		
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ac				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. David Feinwachs			Date of Receipt	
	Mailing Address 2550 University Avenue	e West		1 1 0 2	
	Suite 350-S City	State	Zip Code		
	Saint Paul	MN	55114-1052	Transaction ID: 13	
		IVIIN	33114-1032	Amount of Each Ro	aceipi iriis Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation	General			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 4950 North Marine Driv	⁄e		M M / D D	/ Y Y Y Y
				11 03	
	City	State	Zip Code	Transaction ID: 13	
	Chicago	<u> L</u>	60640-3966	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			100.00
	federal political committee.				
	Name of Employer MacNeal Hospital	Occupation	n		
	MacNeal Hospital	Assistant	t Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	350.00		
	Other (specify)		300.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Mark E Moore			Date of Receipt	
	Mailing Address 2696 Ciana Ct.			M M / D D	
				11 15	2006
	City	State	Zip Code	Transaction ID: 13	3418706
	Bloomington	IN	47401-8358	Amount of Each Ro	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			
	Name of Employer	Occupation	n		
	Bloomington Hospital	Presiden	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1	250.00		
	Other (specify)		230.00		
_					
_	UDTOTAL (D. 11 THE TOTAL TOTAL		600.00		
L	UBTOTAL of Receipts This Page (optional)		······		
_	OTAL This Davied (last ages this the gard)	anl. ()			
Į ſ	OTAL This Period (last page this line number of	oniy)	<b>&gt;</b>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 / 149	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Jeffrey Mossler			Date of Receipt	
	Mailing Address 112 North 17th Avenue			11 15 2006	
	Suite 300 City	State	Zip Code	Transaction ID: 13418711	
	Beech Grove	IN	46107-1253	Amount of Each Receipt this Period	
		113	40107 1233	Amount of Each Neceipt this Period	π.
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Clarian Health Partners	Occupation	n	7	
		1	dical Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼				
	Full Name (Last, First, Middle Initial) Mr. Samuel L Odle			Date of Receipt	_
٥.	Mailing Address 1701 North Senate Boul	overd		M M / D D / Y Y Y Y	
	Walling Address 1701 NOITH Senate Bour	11 15 2006			
	City	State	Zip Code	Transaction ID: 13418723	
	Indianapolis	IN	46202-1239	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	П
	federal political committee.	C		500.00	
	Name of Employer	Occupation	n	_	
	Clarian Health Partners		t and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼	-	
	Primary General	33 - 3		1	
	Other (specify) ▼	1	500.00		
•	Full Name (Last, First, Middle Initial) Mike Packnett			Date of Receipt	
	Mailing Address 10125 Silver Lake Ct.			M M / D D / Y Y Y Y	
				11 15 2006	
	City	State	Zip Code	Transaction ID: 13418726	
	Fort Wayne	IN	46825-7252	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				_
	Name of Employer Parkview Hospital	Occupation		7	
		President		_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼				
					_
SI	UBTOTAL of Receipts This Page (optional)			1000.00	
					7
T	OTAL This Period (last page this line number or	าly)	<b>)</b>		-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 64 / 149
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Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and S	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Marvin G Pember			Date of Receipt
	Mailing Address P O Box 1367			1 1 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 13418728
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Clarian Health	Occupation Executive	n e Vice President and Chief F	in
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
В.	Linda Roberts			Date of Receipt
	Mailing Address I65 at 21st Street			1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13418745
	Indpls	IN	46206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Clarian Health	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogate	Teal to Bate V	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Joseph E Roche			Date of Receipt
٥.	Mailing Address 3413 Berkdale Dr.			M M / D D / Y Y Y Y
	The man grade of the benedite bi.			11 15 2006
	City	State	Zip Code	Transaction ID: 13418746
	Columbus	IN	47203-2451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	N (5 )			
	Name of Employer St. Vincent Jennings Hosp- ital	Occupation Administration		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
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				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 149		
ITEMIZED RECEIPTS			or each category of the	(check only one)	_
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				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of soliciti	ng contributions
OI	· · · · · · · · · · · · · · · · · · ·	name and add	dress of any political committee to	SOIICIL CONTINUULIONS TROMS	uch committee.
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
<u></u>	Full Name (Last, First, Middle Initial)				
Α.	Mr. William B. Stephan			Date of Receipt	
	Mailing Address I-65 at 21st Street			M M / D D	/ <b>Y Y Y Y</b>
	5 1 00 41 2101 011001			11 15	2006
	City	State	Zip Code	Transaction ID: 134	118760
	Indianapolis	IN	46202-5250	Amount of Each Rec	eipt this Period
	FEC ID number of contributing				500.00
	federal political committee.	C			500.00
	N (5 )	10		_	
	Name of Employer Clarian Health	Occupation	n ice President		
	Descipt For:			_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	500.00		
	Cirici (specify)		0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address P O Box 1367			M'M / D'D	/ <b>Y                                   </b>
				11 15	2006
	City State		Zip Code	Transaction ID: 134	<del>1</del> 18768
	Indianapolis	IN	46206-1367	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				000.00
	Name of Employer	Occupation	n	-	
	Name of Employer Clarian Health		ce President and General Co	oun	
	Receipt For:		e Year-to-Date ▼		
	Primary General				
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Steve Wantz			Date of Receipt	
	Mailing Address 7218 Marstella Drive			M M / D D D 15	2006
	City	State	Zip Code	Transaction ID: 134	
	Brownsburg	IN	46112-8442	Amount of Each Rec	
	FEC ID number of contributing			7 Amount of Edon Hoo	<del></del>
	federal political committee.	C			500.00
	·				
	Name of Employer Clarian Health	Occupation			
			ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0			
_	IIDTOTAL of Descints This Description - 1		1500.00		
$\vdash$	UBTOTAL of Receipts This Page (optional)		·····		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		
ITEMIZED RECEIPTS			or each category of the		ne)
TI LIVIIZED TIECLIF 13			Detailed Summary Page	X 11a	11b 11c 12
				13	14 15 16 17
Ar	ly information copied from such Reports and Si for commercial purposes, other than using the	tatements may	not be sold or used by any perso	n for the purpose	e of soliciting contributions
OI	<u> </u>	name and add	dress of any political committee to	Solicit Contributio	ons from such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
A.	Ms. Linda E White			Date of Re	eceipt
	Mailing Address 5505 Timberlake Ct.			M M /	
	O:h.	01-1-	7:- 0-4-	11	15 2006
	City	State	Zip Code		in ID: 13418789
	Evansville	IN	47710-4134	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Deaconess Health System	Occupation	า	1	
			President and CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	500.00		
	Other (specify) ▼				
	Full Name (Last First Middle Initial)				
В.	Full Name (Last, First, Middle Initial) Mr. James P Alender			Date of Re	eceipt
	Mailing Address 2601 Greentree Lane			M M /	·
				1 1	15 2006
	City	State	Zip Code	Transactio	n ID: 13418800
	Kokomo	IN	46902-2951	Amount of	Each Receipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				200.00
	Name of Employer	Occupation	1		
	Name of Employer Howard Regional Health Sy- stem		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify)		250.00		
C.	Full Name (Last, First, Middle Initial) Ms. JoAnn Birdzell			Date of Re	ceipt
	Mailing Address 12431 Vanburen St.			M M /	D D / Y Y Y Y
				1 1	15 2006
	City	State	Zip Code		n ID: 13418816
	Crown Point	IN	46307-9210	Amount of	Each Receipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation	า		
	St. Catherine Hospital, Inc.	Presiden	t and Chief Executive Officer		
1110.		Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify) ▼		250.00		
,	IIDTOTAL of Descripto This Descriptor		1000.00		
$\vdash$	UBTOTAL of Receipts This Page (optional)		······		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 67 / 149		
-			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			_ common common, r age	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Darcy K. Burthay			Date of Receipt		
	Mailing Address 708 Carter Ct.			1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418827		
	Kokomo	IN	46901-7026	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer St. Joseph Hospital (Koko-	Occupation				
	mo)	1	and Chief Executive Officer			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)	' '	250.00			
	Cuter (Speedily)		0 0 0 0 0 0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Barrett Evans			Date of Receipt		
	Mailing Address I65 at 21st Street			M M / D D / Y Y Y Y		
				11 15 2006		
	City	State	Zip Code	Transaction ID: 13418862		
	Indpls	<u>IN</u>	46206	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer Clarian Health	Occupation	1	7		
		Vice Pres				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	1 1 1 1 1 1 1			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.			Date of Receipt		
٠.	Mailing Address P O Box 1367			M M / D D / Y Y Y Y		
				11 15 2006		
	City	State	Zip Code	Transaction ID: 13418863		
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.	<u> </u>		000.00		
	Name of Employer Clarian Health	Occupation				
			and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼	. [		
	Primary General	'''	500.00			
	Other (specify) ▼					
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۹	UBTOTAL of Receipts This Page (optional)			1000.00		
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SCHEDULE A (FEC Fo	orm 3X)	Llac concrete cobodula(a)	FOR LINE NUMBER: PAGE 68 / 149					
TEMIZED RECEIPTS	•	or each category of the	(check only one)  X 11a					
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17					
Any information copied from such F or for commercial purposes, other tl	Reports and Statements may han using the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Ful	l)							
American Hospital Associa	tion PAC							
Full Name (Last, First, Middle In Mr. Sam Flanders, M.D.	itial)		Date of Receipt					
Mailing Address I-65 at 21st	Street		11 15 / Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 13418866					
<u>Indianapolis</u>	IN	46202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Clarian Health	Occupation Sr. Vice I							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼	1 1	250.00						
Full Name (Last, First, Middle In Mr. John Gorski	itial)		Date of Receipt					
Mailing Address 10501 Woo	od Duck Lane		11 1 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 13418879					
Orland Park	<u>IL</u>	60467-8469	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Community Hospital (Munst-	Occupation Sr. VP O							
er) Receipt For:		e Year-to-Date ▼						
Primary General		250.00						
Other (specify)	0 0							
Full Name (Last, First, Middle In Dr. Richard Graffis, , M.D.	itial)		Date of Receipt					
Mailing Address P O Box 13	67		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 13418880					
Indianapolis	IN	46206-1367	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer Clarian Health	Occupation Executive	n e Vice President and Chief M	le¢l					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		500.00						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N		49
	EMIZED RECEIPTS		or each category of the	(check only o	-	
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Δ.				13	14 15 16	17
or	ny information copied from such Reports and Statements for commercial purposes, other than using the name an	s ma nd ad	dress of any political committee to	solicit contribut	tions from such committee.	5
	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Hospital Association PAC					
$\angle$	·					
	Full Name (Last, First, Middle Initial)					
A.	Dr. Steven S. Ivy, Ph.D.			Date of R	<u>'</u>	
	Mailing Address I-65 at 21st Street			11	15 200	
	City Stat	te	Zip Code		ion ID: 13418896	
	Indianapolis IN		46202-5250		of Each Receipt this Period	
	EEO ID	-			· · · · · · · · · · · · · · · · · · ·	
	federal political committee.				500.0	00
	Name of Employer Occu Clarian Health	patio	n			
	Clarian Health Vice	Pre	sident Values			
		egate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼	0		1		
_	Full Name (Last, First, Middle Initial)			5. (5		
В.				Date of R	<u> </u>	
	Mailing Address P O Box 648			1 1	15 2000	
	City Stat	te	Zip Code	Transacti	ion ID: 13419085	
	Philadelphia MS	6	39350-0648		of Each Receipt this Period	
	FEC ID number of contributing	_			· · · · · · · · · · · · · · · · · · ·	
	federal political committee.				200.0	00
	Name of Employer Occui	natio	'n	_		
	Neshoba County General Ho-		ecutive Officer			
	Spitai		e Year-to-Date ▼	-		
	Primary General			1		
	Other (specify) ▼	0	325.00			
C.	Full Name (Last, First, Middle Initial) Mr. David Putt			Date of R	Receipt	
٠.	Mailing Address 2500 North State Street			M M	·	Υ
		_		1,1	15 200	6
	City Stat		Zip Code		ion ID: 13419086	
	Jackson MS		39216-4500	Amount o	of Each Receipt this Period	
	FEC ID number of contributing federal political committee.				250.0	00
	Todard political committee.					
	Name of Employer University Hospitals and					
	Clinics, Univ					
	Receipt For: Aggr	egate	e Year-to-Date ▼	, [		
	Other (specify)	1	250.00			
	Cariot (opposit)	0		4		
	-				050.0	<u></u>
s	UBTOTAL of Receipts This Page (optional)				950.0	JU
T	OTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Llas caparata cabadula(a)	FOR LINE NUMBER: PAGE 70 / 149
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Larry C. Bourne			Date of Receipt
	Mailing Address 424 Autumn Oak Drive	)		1 1 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 13419087
	Madison	MS	39110-9148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer HPI Company	Occupation Presiden	and CEO	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jimmy J. Blessitt			Date of Receipt
	Mailing Address 121 E. Baker Street			1 1 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 13419090
	Indianola	MS	38751-2498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
		Occupation	n rator & Chief Executive Office	
	Name of Employer South Sunflower County Hospital Receipt For:	Occupation Administ		
	Name of Employer South Sunflower County Hospital	Occupation Administ	rator & Chief Executive Offic	
	Name of Employer South Sunflower County Hospital Receipt For: Primary General	Occupation Administ	rator & Chief Executive Office Year-to-Date	
C.	federal political committee.  Name of Employer South Sunflower County Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Administ	rator & Chief Executive Office Year-to-Date	ce
 c.	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece	Occupation Administ	rator & Chief Executive Office Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue	Occupation Administ Aggregate	rator & Chief Executive Office Year-to-Date ▼ 500.00	Date of Receipt
C.	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue  City	Occupation Administ Aggregate State	rator & Chief Executive Office Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
C.	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue  City Meridian  FEC ID number of contributing	Occupation Administ Aggregate  State MS  C	rator & Chief Executive Office Year-to-Date ▼  500.00  Zip Code 39301-4116	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue  City Meridian  FEC ID number of contributing federal political committee.  Name of Employer Rush Foundation Hospital  Receipt For:	Occupation Administ Aggregate  State MS  C  Occupation Chief Op	rator & Chief Executive Office Year-to-Date ▼  500.00  Zip Code 39301-4116	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue  City Meridian  FEC ID number of contributing federal political committee.  Name of Employer Rush Foundation Hospital	Occupation Administ Aggregate  State MS  C  Occupation Chief Op	rator & Chief Executive Office Year-to-Date ▼  500.00  Zip Code 39301-4116	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue  City Meridian  FEC ID number of contributing federal political committee.  Name of Employer Rush Foundation Hospital  Receipt For: Primary General Other (specify) ▼	State MS  C  Occupation Chief Op Aggregate	Zip Code 39301-4116  rerations Officer Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer South Sunflower County Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece Mailing Address 1314 19th Avenue  City Meridian  FEC ID number of contributing federal political committee.  Name of Employer Rush Foundation Hospital  Receipt For: Primary General	State MS  C  Occupation Chief Op Aggregate	Zip Code 39301-4116  rerations Officer Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 71 / 149
	EMIZED RECEIPTS		or each category of the	(check only one)	¬ ¬
••			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of solic	iting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Wallace Strickland			Date of Receipt	
Α.	Mailing Address 1314 19th Avenue				/ Y Y Y Y Y
				11 15	
	City	State	Zip Code	Transaction ID: 13	
	Meridian	MS	39301-4116	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Rush Foundation Hospital	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Cuter (Speedily)	0 0		1	
В.	Full Name (Last, First, Middle Initial) Mr. James G Chastain, , CHE			Date of Receipt	
	Mailing Address 2 Oak Circle	M M / D D D 15			
	City	Zip Code	Transaction ID: 13		
	Whitfield	MS	39193	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Mississippi State Hospital	Occupation Director	n		
	Receipt For:		e Year-to-Date ▼	_	
	Primary General	33 - 3		1	
	Other (specify) ▼		375.00		
C.	Full Name (Last, First, Middle Initial) Mr. W. Dale Saulters			Date of Receipt	
Ο.	Mailing Address P.O. Box 967			M M / D D	/ <b>Y Y Y Y</b>
				11 15	
	City	State	Zip Code	Transaction ID: 13	
	Louisville	MS	39339-0967	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Winston Medical Center	Occupation Administ			
	Receipt For:		e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0	230.00		
	UBTOTAL of Receipts This Page (optional)				650.00
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т	OTAL This Period (last page this line number or	nly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 72 / 149
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gerald D Wages			Date of Receipt
	Mailing Address 830 S. Gloster Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13419104
	Tupelo	MS	38801-4996	Amount of Each Receipt this Period
	•		300	
	FEC ID number of contributing federal political committee.	C		440.00
	Name of Employer North Mississippi Health	Occupation	า	
	Services, Inc	Interim P	resident and Chief Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		440.00	1
	Other (specify)		110.00	1
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence Graeber			Date of Receipt
	Mailing Address P O Box 648			M M / D D / Y Y Y Y
				11 15 2006
	City	State	Zip Code	Transaction ID: 13419109
	Philadelphia	MS	39350-0648	Amount of Each Receipt this Period
	FEC ID number of contributing	C		125.00
	federal political committee.			123.00
	Name of Employer	Occupation	1	7
	Neshoba County General Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.00	1
	Other (specify)	0 0	430.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Donald Smith			Date of Receipt
٠.	Mailing Address 1314 19th Avenue			M M / D D / Y Y Y Y
				11 15 2006
	City	State	Zip Code	Transaction ID: 13419112
	Meridian	MS	39301-4116	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Rush Foundation Hospital	Occupation		
			e Director of HR	_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	250.00	
	Strict (Specify) \	1 1	0 0 0 0 0 0 0	1
ء	UBTOTAL of Receipts This Page (optional)			815.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 73 / 149		
· ·		Use separate schedule(s) or each category of the		(check only one)		
Ш	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12		
			z otalica zaminaly i age	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Jerry M Howell			Date of Receipt		
	Mailing Address P O Box 630			11 15 2006		
	City	State	Zip Code	Transaction ID: 13419113		
	Columbia	MS	39429-0630	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer Marion General Hospital	Occupation Chief Ope	n erating Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General	1 1		1		
	Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Ms. Debbie Shearer			Date of Receipt		
	Mailing Address 6051 U.S. Highway 49			M M / D D / Y Y Y		
	21.			11 15 2006		
	City	State	Zip Code	Transaction ID: 13419115		
	Hattiesburg	MS	39401-7200	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer	Occupation	 1	-		
	Forrest General Hospital		of Government Relations			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		250.00			
	Full Name (Last, First, Middle Initial)			1		
C.	Mr. Sam W. Cameron			Date of Receipt		
	Mailing Address 28 Waterford Place			11 15 2006		
	City	State	Zip Code	Transaction ID: 13419154		
	Jackson	MS	39211-2945	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		600.00		
	Name of Employer Mississippi Hospital Asso-	Occupation	<u> </u>			
	Mississippi Hośpital Association		t & Chief Executive Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General		1050.00	1		
	Other (specify)		1350.00			
_						
s	UBTOTAL of Receipts This Page (optional)			875.00		
$\vdash$	,					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 74 / 149	
•			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	y not be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	7 interiori i respitat rescolation i res				
	Full Name (Last, First, Middle Initial)				
A.	Mr. William E Peaks			Date of Receipt	
	Mailing Address P O Box 1240			M M / D D / Y Y Y Y	
				11 15 2006	
	City	State	Zip Code	Transaction ID: 13419160	
	Gulfport	MS	39502-1240	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		500.00	
		10			
	Name of Employer Garden Park Medical Center	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)				
	Full Name (Least First Affalls Latital)				
В.	Full Name (Last, First, Middle Initial) Mr. G. Douglas Higginbotham			Date of Receipt	
	Mailing Address P O Box 607			M M / D D / Y Y Y Y	
	Walling / Walless   0 B0 / 00 /			15 2006	
	City	State	Zip Code	Transaction ID: 13419182	
	Laurel	MS	39441-0607	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer South Central Regional Me-	Occupation			
	dical Center	Executive	e Director		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		550.00	1	
	Other (specify)		550.00		
C.	Full Name (Last, First, Middle Initial)			Date of Deceipt	
C.	Mr. C. Gerald Cotton			Date of Receipt	
	Mailing Address 1225 N. State Street			1 1 1 5 2 0 0 6	
	City	State	Zip Code	Transaction ID: 13419187	
	Jackson	MS	39202-2064		
		IVIO	39202-2004	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	rederai politicai committee.				
	Name of Employer Mississippi Baptist Medic-	Occupation	า		
	Mississippi Baptist Medic- al Center	President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	
H	1 -0- (-1 10)		<b>'</b>		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 149 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Dr. William Ferniany Mailing Address 2500 North State Street			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 13419188
	FEC ID number of contributing federal political committee.	MS C	39216-4500	Amount of Each Receipt this Period  500.00
	Name of Employer University Hospitals and Clinics, Univ Receipt For:  □ Primary □ General  Other (specify) ▼	l	ecutive Officer Year-to-Date   500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Charles L Denton Mailing Address 960 Avent Drive			Date of Receipt  1 1 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 13419192
	Grenada	MS	38901-5230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Grenada Lake Medical Cent- er		ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick			Date of Receipt
	Mailing Address 73 North Avenue			111 / 10 / 2006
	City Mendon	State MA	Zip Code 01756-1015	Transaction ID: 13419626  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01700 1010	250.00
	Name of Employer Massachusetts Hospital Association Receipt For: Primary Other (specify)	Occupation VP, Final Aggregate		1
S	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 76 / 149	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIVIIZED TIEOLII 13			Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of solici	ting contributions such committee.
<u></u>	NAME OF COMMITTEE (In Full)		arees or any pointed committee to		
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Ms. Nancy Palmer			Date of Receipt	
	Mailing Address 9 Buttonwood Lane			M M / D D	
	Cit.	01-1-	7:- 0 - 4 -	11 10	2006
	City	State	Zip Code	Transaction ID: 13	
	Danvers	MA	01923-1161	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Beverly Hospital	Occupation	า		
		Trustee			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 750 Washington Street			M M / D D	/ <b>Y</b>
				11 10	2006
	City	State	Zip Code	Transaction ID: 13	419628
	Boston	MA	02111-1845	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer Tufts-New England Medical	Occupation	1	1	
	Tufts-New England Medical Center	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Steven A. Millard			Date of Receipt	
٠.	Mailing Address 615 N. 7th Street			M M / D D	/ Y Y Y Y
	010 14. 7th 0th 0th			11 16	2006
	City	State	Zip Code	Transaction ID: 13	420122
	Eagle	ID	83702-5502	Amount of Each Re	ceipt this Period
	FEC ID number of contributing			1 1 1 1	4.00
federal political committee.  Name of Employer Idaho Hospital Association  Octobre Professional		C			4.00
		Occupation	า	-	
		President			
			Year-to-Date ▼		
Primary General					
	Other (specify)		254.00		
			E04.00		
s	UBTOTAL of Receipts This Page (optional)				504.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 77 / 149	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIWIZED TILOLII 13			Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to a	n for the purpose of solicit solicit contributions from :	ing contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or any pointed committee to		20011 00111111111001
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Mr. Joseph E. Morris, III			Date of Receipt	
	Mailing Address 304 S 11th Street			M M / D D	
	Cit.	01-1-	7:- 0 - 1 -	11 16	2006
	City	State ID	Zip Code	Transaction ID: 13	
	Coeur D Alene	ID	83814-3905	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			23.00
	rederal political committee.				
	Name of Employer Kootenai Medical Center	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		273.00		
	Other (specify)	1 1			
_	Full Name (Last, First, Middle Initial)				
В.	,			Date of Receipt	
	Mailing Address 411 Remington Ct.			M M / D D	/ <b>Y                                   </b>
				11 16	2006
	City	State	Zip Code	Transaction ID: 13	420139
	Sandpoint	ID	83864-2323	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			23.00
	federal political committee.	9			
	Name of Employer Boundary Community Hospit-	Occupation	า		
	Boundary Community Hospit- al	Chief Exe	ecutive Officer and Chief Fina	1	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		273.00		
	Other (specify)		273.00		
C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W Martin			Date of Receipt	
-	Mailing Address 700 South Main Street			M M / D D	/ <b>Y Y Y Y</b>
				11 16	2006
	City	State	Zip Code	Transaction ID: 13	420141
	Moscow	ID	83843-3056	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			23.00
	federal political committee.				20.00
	Name of Employer	Occupation	า	_	
Gritman Medicál Center Chi			ecutive Officer		
		Aggregate	Year-to-Date ▼	7	
	Primary General	-	070.00		
	Other (specify) ▼		273.00		
_					
			69.00		
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		09.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 78 / 149		
•		Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	ame and ado	lress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Hospital Association PAC					
	·					
	Full Name (Last, First, Middle Initial)					
Α.	Mr. Joseph Messmer			Date of Receipt		
	Mailing Address 12380 Landau Way			1 1 1 1 6 2 0 0 6		
	011	01-1-	7'- 0-1-			
	City	State	Zip Code	Transaction ID: 13420164		
	Nampa	<u>ID</u>	83686-8024	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		46.00		
	federal political committee.			10.00		
	Name of Employer	Occupation		$\dashv$		
	Mercy Medical Center		and Chief Executive Officer	.		
	Receipt For:		Year-to-Date ▼	+		
	Primary General	riggrogato	rear to Bate 🔻			
	Other (specify)		296.00			
	canda (cpcca.), <b>\</b>	0 0	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.	Ms. Victoria A Alexander			Date of Receipt		
	Mailing Address P O Box 700			M M / D D / Y Y Y Y		
				11 16 2006		
	City	State	Zip Code	Transaction ID: 13420167		
	Salmon	ID	83467-0700	Amount of Each Receipt this Period		
	FEC ID number of contributing			000.00		
	federal political committee.	C		300.00		
		10 "				
	Name of Employer Steele Memorial Hospital	Occupation				
	Bassist Fam.		ecutive Officer	_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	300.00			
	Other (specify)	1 1				
_	Full Name (Lost First Middle Initial)					
C.	Full Name (Last, First, Middle Initial) Mr. Greg Burfitt			Date of Receipt		
•	Mailing Address 188 Inverness Drive We	et		M M / D D / Y Y Y Y		
	The week and the w			11 10 2006		
	City	State	Zip Code	Transaction ID: 13420288		
	Englewood	CO	80112-5205	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Centura Health	Occupation				
		1	ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼		230.00			
_						
				506.00		
S	UBTOTAL of Receipts This Page (optional)		······	596.00		
$\vdash$						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 149
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Madeleine Roberson			Date of Receipt
	Mailing Address 1719 East 19th Avenue			1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13420310
	Denver	CO	80218-1235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Presbyterian-St. Luke's Medical Center	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	-	075.00	
	Other (specify)	0 0	375.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jefrey A. Dorsey			Date of Receipt
	Mailing Address 4643 S. Ulster Street Suite 1200			1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13420311
	Denver	CO	80237-2853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer HealthONE	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Sister Sheila Lyne			Date of Receipt
	Mailing Address 2525 South Michigan Av Apt 2113	/enue		1 1 1 1 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 13420366
	Chicago	IL	60616-2333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Mercy Hospital and Medical	Occupation		
	Centér Receipt For:	1	t and Chief Executive Officer e Year-to-Date ▼	$\dashv$
	Primary General	Ayyıeyale	, 16ai-10-Date ₹	
	Other (specify)		250.00	
				005.00
S	UBTOTAL of Receipts This Page (optional)			625.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 149 (check only one)  X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Sister Sheila Lyne  Mailing Address  2525 South Michigan Av Apt 2113  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Mercy Hospital and Medical Center	State IL C	Zip Code 60616-2333	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Monica A. Seeland Mailing Address 4050 South 35th Street			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Lincoln  FEC ID number of contributing federal political committee.	State NE	Zip Code 68506-4807	Transaction ID: 13420800  Amount of Each Receipt this Period  250.00
	Name of Employer Nebraska Hospital Association  Receipt For:  □ Primary □ General □ Other (specify) ▼		of Clinical Health Information e Year-to-Date ▼  250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. Daniel W. Griess Mailing Address 744 West 16th Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Alliance  FEC ID number of contributing federal political committee.	State NE	Zip Code 69301-2214	Transaction ID: 13420801  Amount of Each Receipt this Period  250.00
	Name of Employer Box Butte General Hospital  Receipt For: Primary General Other (specify)		ecutive Officer e Year-to-Date  250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 81 / 149	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIMIZED RECEIL 13			Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
An	y information copied from such Reports and States for commercial purposes, other than using the i	atements may name and ado	not be sold or used by any persol dress of any political committee to	n for the purpose of solici solicit contributions from	ting contributions such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	7 in one and 1 respital 7 less classes 1 7 les				
_	Full Name (Last, First, Middle Initial)				
Α.	Ms. Diane Newman			Date of Receipt	
	Mailing Address P O Box 599			1 1 1 1 4	2006
	City	State	Zip Code	Transaction ID: 13	
	Plainview	NE	68769-0599	Amount of Each Re	
			00700 0000	Amount of Laciffic	
	FEC ID number of contributing federal political committee.	C			250.00
				_	
	Name of Employer Johnson County Hospital	Occupation			
		Administ			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
		0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address P O Box 185			M M / D D	/ Y Y Y Y Y
	Cit.	01-1-	7:- 0 - 4-	11 14	2006
	City	State	Zip Code	Transaction ID: 13	
	Wahoo	NE	68066-0185	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Saunders County Health Se-	Occupation			
	rvices		t and Chief Executive Officer		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
C.	Mr. Glenn A Fosdick, , FACHE			Date of Receipt	
	Mailing Address 987400 Nebraska Medi	cal Center		M M / D D D 14	2006
	City	State	Zip Code		
	Omaha	NE	68198-7400	Transaction ID: 13  Amount of Each Re	
		INL	00190-7400	Amount of Each Ne	ceipi inis Penod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Nebraska Medical Center	Occupation			
Receipt For:			t and Chief Executive Officer		
		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			500.00		
	Carlor (opeony) 🔻	0 0	1 1 1 1 1 1 1 1		
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>		1000.00
	1		<u> </u>		
T	OTAL This Period (last page this line number of	nly)	<b></b>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 82 / 149		
			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
_			,	13 14 15 16 17		
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
or		name and add	aress or any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\angle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Michael J. Rock			Date of Receipt		
	Mailing Address 325 Seventh Street, NV Suite 700	V		1 1 1 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13420809		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer American Hospital Associa-	Occupation Sr Associ	n ciate Director			
	tion-Washingt Receipt For:		Year-to-Date ▼	_		
	Primary General	7.99.094.0	Toda to Bate V	1		
	Other (specify) ▼		500.00			
			0 0 0 0 0 0 0			
В.	Full Name (Last, First, Middle Initial) Ms. Grace McAuliffe			Date of Receipt		
	Mailing Address 70 Glover Avenue			M ' M / D ' D / Y ' Y ' Y ' Y		
	-			11 14 2006		
	City	State	Zip Code	Transaction ID: 13420813		
	Quincy	MA	02171-2324	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer	Occupation	n			
	Massachusetts Hospital Association	Board of				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)	0 0	200.00			
_	Full Name (Last, First, Middle Initial)			Date of Proceint		
C.	Mr. Charles F. Harms  Mailing Address 2520 Moonlight Ct.			Date of Receipt		
	ZSZO WOOTHIGHT Ct.			11 10 2006		
	City	State	Zip Code	Transaction ID: 13421086		
	Cheyenne	WY	82009-8572	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		500.00		
	federal political committee.			300.00		
	Name of Employer United Medical Center	Occupation Chief Exe	n ecutive Officer			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	991 09att		1		
	Other (specify)		500.00			
				1		
s	UBTOTAL of Receipts This Page (optional)			1250.00		
$\vdash$	,					

S	SCHEDULE A (FEC Form 3X)		Llea congrata cohodula(c)	FOR LINE NUMBER: PAGE 83 / 149
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
Δ	information coming from such Department and Ca	-1		13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Trudy Chittick			Date of Receipt
	Mailing Address 150 East Arapahoe Str	eet		11 10 2006
	City	State	Zip Code	Transaction ID: 13421087
	Thermopolis	WY	82443-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hot Springs County Memori- al Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Perdue			Date of Receipt
	Mailing Address 2005 Warren Avenue Post Office Box 249			1 1 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 13421088
	Cheyenne	WY	82001-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	federal political committee.  Name of Employer Wyoming Hospital Associa-	Occupation President		250.00
	federal political committee.  Name of Employer	Occupation President		250.00
	Name of Employer Wyoming Hospital Association	Occupation President		250.00
	Name of Employer Wyoming Hospital Association Receipt For: Primary General	Occupation President	t Year-to-Date ▼	Date of Receipt
c.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation President	t Year-to-Date ▼	
 C.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner	Occupation President	t Year-to-Date ▼	Date of Receipt
C.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner  Mailing Address 801 Middleford Road	Occupation President Aggregate	Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Mr. Daniel J Werner Mailing Address 801 Middleford Road  City	Occupation President Aggregate	Year-to-Date ▼  250.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
c.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner  Mailing Address 801 Middleford Road  City Seaford  FEC ID number of contributing	Occupation President Aggregate  State DE  C	Zip Code 19973-3636	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner  Mailing Address 801 Middleford Road  City Seaford  FEC ID number of contributing federal political committee.  Name of Employer Nanticoke Memorial Hospital Receipt For:	Occupation President Aggregate  State DE  C  Occupation President	Zip Code 19973-3636	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner Mailing Address 801 Middleford Road  City Seaford  FEC ID number of contributing federal political committee.  Name of Employer Nanticoke Memorial Hospital Receipt For: Primary General	Occupation President Aggregate  State DE  C  Occupation President	Zip Code 19973-3636	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner  Mailing Address 801 Middleford Road  City Seaford  FEC ID number of contributing federal political committee.  Name of Employer Nanticoke Memorial Hospital Receipt For:	Occupation President Aggregate  State DE  C  Occupation President	Zip Code 19973-3636  and Chief Executive Office Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer Wyoming Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel J Werner Mailing Address 801 Middleford Road  City Seaford  FEC ID number of contributing federal political committee.  Name of Employer Nanticoke Memorial Hospital Receipt For: Primary General	Occupation President Aggregate  State DE  C  Occupation President Aggregate	Zip Code 19973-3636  and Chief Executive Office Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 84 / 149			
•		Use separate schedule(s) or each category of the		(check only one)			
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. Carole Fisher			Date of Receipt			
	Mailing Address 8321 Spinraher Cove D	rive		1 1 1 0 2 0 0 6			
	City	State	Zip Code	Transaction ID: 13421099			
	Las Vegas	NV	89128-7726	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		500.00			
	Name of Employer Vegas Valley Rehabilitati-	Occupation CEO	1				
	on Hospital Receipt For:	1	Year-to-Date ▼				
	Primary General	00 0		1			
	Other (specify) ▼	1	500.00				
В.	Full Name (Last, First, Middle Initial) Ms. Kay B. Weir, CAVS			Date of Receipt			
	Mailing Address 6728 N.W. Oregon Ave	nue		M M / D D / Y Y Y Y			
		iluc		11 10 2006			
	City	State	Zip Code	Transaction ID: 13421293			
	Kansas City	MO	64151-1940	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		250.00			
	federal political committee.						
	Name of Employer Saint Luke's Hospital of	Occupation					
	Kansas City	+	tor, Volunteer Services				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	250.00				
	Other (specify)	0 0					
— С.	Full Name (Last, First, Middle Initial)			Date of Pagaint			
<b>J</b> .	Mr. Stanley R Korducki  Mailing Address 950 West Wooster Stre	ot .		Date of Receipt			
	Walling Address 950 West Wooster Stre	Gl		11 07 2006			
	City	State	Zip Code	Transaction ID: 13421325			
	Bowling Green	OH	43402-2603	Amount of Each Receipt this Period			
	FEC ID number of contributing	<u> </u>		375.00			
	federal political committee.	С		373.30			
	Name of Employer Wood County Hospital	Occupation					
	Receipt For:	President	Year-to-Date <b>V</b>	_			
	Primary General	Ayyreyale	Toal-to-Date ▼	1			
	Other (specify)		375.00				
				1			
5	UBTOTAL of Receipts This Page (optional)		<b>_</b>	1125.00			
$\vdash$	ago (optional)			-			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 149
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Kevin Roberts			Date of Receipt
	Mailing Address 5593 High Point			11 07 2006
	City	State	Zip Code	Transaction ID: 13421329
	Solon	ОН	44139-2086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rainbow Babies and Childr- en's Hospital	Occupation	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael A. Szubski			Date of Receipt
	Mailing Address 420 Countryside Drive	1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13421330
	Broadview Heights	OH	44147-3413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EMH Regional Medical Cent- er	Occupation Executive	n e Vice President & CFO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Thomas F Zenty, , III			Date of Receipt
	Mailing Address 19924 Chagrin Blvd.			1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13421331
	Shaker Heights	OH	44122-4931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Hospitals Heal-	Occupation		
	th System	1	t and Chief Executive Officer	<u>.</u>
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
	· · · · · · ·	- 0 0	0 0 0 0 0 0	
SI	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 86 / 149				
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Dr. Archilles A. Demetriou			Date of Receipt				
	Mailing Address 26600 George Zeiger D	rive		11 07 2006				
	City	State	Zip Code	Transaction ID: 13421332				
	Beachwood	ОН	44122-7529	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer UHHS-Memorial Hospital of	Occupation CEO	١	7				
	Geneva Receipt For:		Year-to-Date ▼	$\dashv$				
	Primary General	199.194		1				
	Other (specify) ▼		250.00					
				4				
В.	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt				
	Mailing Address 2743 Elginfield Road			M M / D D / Y Y Y Y				
				11 07 2006				
	City	State	Zip Code	Transaction ID: 13421339				
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		37.50				
	Name of Employer	Occupation	<u> </u>	-				
	Ohio Hospital Association		ce President					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General			1				
	Other (specify)		412.50					
_	Full Name (Last, First, Middle Initial)							
C.	Mr. Paul J. Warda			Date of Receipt				
	Mailing Address 1324 Euclid St NW # 40	11 24 2006						
	City	State	Zip Code	Transaction ID: 13431475				
	Washington	DC	20009-4836	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer	Occupation	1					
	MedStar-Georgetown Medical Center	Chief Fin	ancial Officer					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	-	250.00	1				
	Other (specify)		250.00					
_								
	E07 E0							
S	UBTOTAL of Receipts This Page (optional)			537.50				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 87 / 149				
-		Use separate schedule(s) or each category of the		(check only one)				
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Betailed Gariniary Fage	13 14 15 16 17				
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial)			Date of Respirat				
Α.	Mr. Bill M. Welch Mailing Address 3352 Corey Drive			Date of Receipt				
	<u> </u>		7' 0 1	11 27 2006				
	City	State	Zip Code	Transaction ID: 13434985				
	Reno	NV	89509-3931	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Nevada Hospital Associati-	Occupation	n t and Chief Executive Officer					
	on Receipt For:		Year-to-Date ▼	-				
	Primary General	7.99.094.0						
	Other (specify) ▼		500.00					
				'				
В.	Full Name (Last, First, Middle Initial) Mr. Dawn Ahner			Date of Receipt				
	Mailing Address 3696 Boreman Drive			M M / D D / Y Y Y Y				
				11 27 2006				
	City	State	Zip Code	Transaction ID: 13434986				
	Reno	NV	89511-6010	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		500.00				
	federal political committee.			566.65				
	Name of Employer	Occupation	1	7				
	Washoe Health System	Vice Pres	sident					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	1 1	F00.00					
	Other (specify) ▼		500.00					
_	Full Name (Last, First, Middle Initial)							
C.	Mr. Scott Wooten			Date of Receipt				
	Mailing Address 1010 North 96th St, Ste	200		11 27 2006				
	City	State	Zip Code	Transaction ID: 13434991				
	Omaha	NE	68114-2595	Amount of Each Receipt this Period				
	FEC ID number of contributing			250.00				
	federal political committee.	C		250.00				
	Name of Employer Alegent Health	Occupation						
			ce President and Chief Finar	<u>nd</u>				
Receipt For:		Aggregate	e Year-to-Date ▼					
	Primary General		250.00					
	Other (specify) ▼		200.00					
_	SUBTOTAL of Descirts This Page (entione)							
Ls	UBTOTAL of Receipts This Page (optional)		······	120.00				
1								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 149
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Δ.	we information against from a righ Departs and Cta	tamanta ma	unet he cold or used by any nerve	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Patrick Jordan			Date of Receipt
	Mailing Address 2014 Washington Street	t		11 27 2006
	City	State	Zip Code	Transaction ID: 13434994
	Newton Lower Falls	MA	02462-1699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Newton-Wellesley Hospital	Occupation Senior Vi	n ice President for Administrat	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	'''	500.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Mr. Peter B Davis			Date of Receipt
	Mailing Address 172 Kinsley Street			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13434996
	Nashua	NH	03060-3648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify)	0 0	230.00	
<u>С.</u>	Full Name (Last, First, Middle Initial) Mr. Deryl L Jones			Date of Receipt
	Mailing Address 10123 SE Market Street			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13434999
	Portland	OR	97216-2532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Adventist Medical Center	Occupation	n t and Chief Executive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	33. 233		1
	Other (specify) ▼	0 0	250.00	
[	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(a)	FOR LINE NUMBER: PAGE 89 / 149
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.				Date of Receipt
	Mailing Address 3956 Shasta View			11 27 2006
	City	State	Zip Code	Transaction ID: 13435002
	Eugene	OR	97405-5868	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer PeaceHealth	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
_	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Wendell Hesseltine			Date of Receipt
	Mailing Address 1000 Third Street	11 27 2006		
	City	State	Zip Code	Transaction ID: 13435004
	Tillamook	OR	97141-3430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Tillamook County General	Occupation		
	Hospital	1	t and Chief Executive Office	<u>r  </u>
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
	Cutor (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Robert C Chapman, , FACHE			Date of Receipt
	Mailing Address 3000 Galleria Tower, S	te 1700		M M / D D / Y Y Y Y
	C:h.	Ctata	Zin Code	11 21 2006
	City Birmingham	State AL	Zip Code 35244-2378	Transaction ID: 13435014  Amount of Each Receipt this Period
	•		33244-2370	
	FEC ID number of contributing federal political committee.	С		1041.00
	Name of Employer Eastern Health System, In- c.	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1041.00	1
Other (specify) ▼			1041.00	1
s	UBTOTAL of Receipts This Page (optional)			1791.00
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## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 149 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David E Hoidal Mailing Address 500 22nd Street South,  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer UAB Health System  Receipt For:	State AL C Occupation Chief Exe	Zip Code 35233-3110  n ecutive Officer ever-to-Date ▼	Date of Receipt  M M M / 21 / 2006  Transaction ID: 13435015  Amount of Each Receipt this Period  1000.00
	Primary ☐ General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Mike Waldrum, M.D.  Mailing Address 619 South 19th Street  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer University of Alabama Hospital Receipt For: Primary General Other (specify)	State AL C Occupation CEO Aggregate	Zip Code 35233-6505	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Full Name (Last, First, Middle Initial) Mr. Clark P Christianson  Mailing Address P O Box 850429  City	State	Zip Code	Date of Receipt    M
	Mobile  FEC ID number of contributing federal political committee.	C	36685-0429	Amount of Each Receipt this Period  500.00
	Name of Employer Providence Hospital  Receipt For:  Primary General  Other (specify) ▼	1	t and Chief Executive Officer Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			2200.00
T	OTAL This Period (last page this line number o	nlv)		

# SCHEDULE A (FEC Form 3X)

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 91 / 149	
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An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
	Mr. Harold Reed			Date of Receipt	
	Mailing Address P O Drawer 710			11 21 2006	
	City	State	Zip Code	Transaction ID: 13435018	
	Favette	AL	35555-0710	Amount of Each Receipt this Period	
	FEC ID number of contributing				$\neg$
	federal political committee.	C		387.00	
	Name of Employer Fayette Medical Center	Occupation	ı	7	
	<u> </u>	Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		387.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)			Data of Bookint	
	Mr. Donald Henderson			Date of Receipt	
	Mailing Address 8213 Marsh Pointe Drive	11 21 2006			
	City State Zip Code			Transaction ID: 13435019	
	Montgomery	AL	36117-7432	Amount of Each Receipt this Period	
	FEC ID number of contributing			050.00	
	federal political committee.	C		250.00	
	Name of Employer	Occupation	า	_	
	Name of Employer Jackson Hospital and Clin-	President			
	IC Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial) Mr. Mark S. Williams			Date of Receipt	
	Mailing Address 5314 Mountain Park Circ	cle		11 21 2006	
	City	State	Zip Code	Transaction ID: 13435020	
	Indian Springs	AL	35124-3042	Amount of Each Receipt this Period	
	•		00124 0042		$\neg$
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	า		
	Name of Employer St. Vincent's Hospital		dical Officer		
	Receipt For:		Year-to-Date ▼	_	
	Primary General			1	
	Other (specify)		250.00		
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SI	JBTOTAL of Receipts This Page (optional)			887.00	
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 92 / 149				
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or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Merrill Gappmayer			Date of Receipt				
	Mailing Address 1156 S. State Suite 202			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13435202				
	Orem	UT	84097-8233	Amount of Each Receipt this Period				
			0.007.0200	Amount of Each receipt this rende				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Intermountain Health Care,	Occupation Trustee	1	7				
	Inc. Receipt For:	1	Year-to-Date ▼	-				
	Primary General	7.99.094.0		1				
	Other (specify) ▼		250.00					
	Full Name (Last, First, Middle Initial)							
В.	Dr. Charles W Sorenson, , Jr., M.D			Date of Receipt				
	Mailing Address 36 South State Street, 2	2nd Fl		1 1 2 7 2 0 0 6				
	City	Ctoto	Zip Code					
	City Solt Loke City	State UT	•	Transaction ID: 13435203				
	Salt Lake City	01	84111-1453	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		125.00				
	Todardi political committee.							
	Name of Employer Intermountain Health Care,	Occupation						
	Inc.		Vice President and Chief C	<u>)pe</u>				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		375.00					
	Other (specify) ▼	1 1						
_	Full Name (Last, First, Middle Initial)			Date of Descript				
C.	Dr. A. Lorris Betz, MD  Mailing Address 50 North Medical Drive			Date of Receipt				
	50 North Medical Drive			11 27 2006				
	City	State	Zip Code	Transaction ID: 13435211				
	Salt Lake City	UT	84132-0001	Amount of Each Receipt this Period				
	FEC ID number of contributing			390.00				
	federal political committee.	C		390.00				
	Name of Employer University of Utah Health	Occupation						
	Care - Hospi	1	ce President	_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		390.00					
	Other (specify)	-		1				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. Terry Cotom Mailing Address 504 Elm Street  City Albuquerque Num of Employer Heart Hospital of New Miss- Ioc. Name of Employer Heart Hospital of New Miss- Ioc. Perimary Oftine (specify) ▼  PEC ID number of contributing folderal political committee.  City State Zip Code Num of Employer Heart Hospital of New Miss- Ioc. Name of Employer Holy Cross Hospital Taos Name of Employer Holy Cross Hospital The Cocupation Oftine (specify) ▼  Perimary Oftine (specify) ▼  City State Zip Code Transaction ID: 13435668 Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435668  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Num of Employer Holy Cross Hospital Ofther (specify) ▼  City State Zip Code Num of Employer Holy Cross Hospital City State Zip Code Num of Employer Holy Cross Hospital City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Num of Employer Holy Cross Hospital City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period  City State Zip Code Transaction ID: 13435669  Amount of Each Recept this Period						e)	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commending purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. Tany Code  Albuquerque  NM  87102  FEC 1D number of contributing federal political committee.  Perimary  General  Other (specify ▼  Primary  General  Other (specify For:  Primary  General  Other (specify)  Aggregate Year-to-Date ▼  Primary  General  Other (specify)  City  State  Zip Code  NM  87571-8284  FEC ID number of contributing federal political committee.  City  State  Zip Code  NM  RESOLUTION  Aggregate Year-to-Date ▼  Primary  General  Other (specify)  City  State  Zip Code  NM  RESOLUTION  Aggregate Year-to-Date ▼  Primary  General  Other (specify)  Occupation  Other (specify)  Primary  General  Other (specify)  Primary  General  Other (specify)  Aggregate Year-to-Date ▼  Primary  General  Other (specify)  Aggregate Year-to-Date ▼  Primary  General  Other (specify)  Aggregate Year-to-Date ▼  Receipt this Period  FEC ID number of contributing federal political committee.  Cocupation  City  Cit	I EMIZED RECEIPTS				. — —	$\dashv$ $\dashv$ $\dashv$	
To for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mailing Address 504 Elm Street  City State Zip Code NM 87102  FEC ID number of contributing federal political committee.  Name of Employer Vice President Clinical Services  On Perimary General Other (specify)   Full Name (Last, First, Middle Initial)  Mr. Warren Kena Spatiman  Mailing Address P O Box DD  City State Zip Code NM 87501-8284  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 13435688  Amount of Each Receipt Transaction ID: 13435689  Amount of Each Receipt Transac							
NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Am. Initial Name (Last, First, Middle Initial) B. Mr. Warren Kean Spellman Mailing Address P O Box DD  City State Zip Code NM 87571-8284 Printial Name (Last, First, Middle Initial) B. Mr. Warren Kean Spellman Mailing Address P O Box DD  City State Zip Code Transaction ID: 134356688 Amount of Each Receipt Initial Services Initial Name (Last, First, Middle Initial) B. Mr. Warren Kean Spellman Mailing Address P O Box DD  City State Zip Code Taoss NM 87571-8284 FEC ID number of contributing federal political committee.  C Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼  State Zip Code Transaction ID: 134356688 Amount of Each Receipt Inis Period  Transaction ID: 13435668  Transaction ID: 13435668  Transaction ID: 13435668  Amount of Each Receipt Inis Period  Transaction ID: 13435668  Transaction ID: 13435668  Transaction ID: 13435668  Transaction ID: 13435669  Transaction ID:	Ar	ly information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose	of soliciting contributions	
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Full Name (Last, First, Middle Initial) A. Mr. Teny Odom Mailing Address 504 Elm Street  City City State Zip Code NM 87102  FEC ID number of contributing lederal political committee.  C State Name of Employer Heart Hospifal Of New Mex- Ioco Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mailing Address P O Box DD  City State Zip Code NM 87571-6284  FEC ID number of contributing federal political committee.  C State Zip Code NM 87571-6284  FEC ID number of contributing federal political committee.  C State Zip Code NM 87571-6284  FEC ID number of contributing federal political committee.  C Scoupation Chief Executive Officer Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) C Mr. J. Alex Valdex, JD Mailing Address P O Box 2107  City State Zip Code NM 87571-6284  FEC ID number of contributing federal political committee.  C Scoupation Chief Executive Officer Primary General Other (specify) ▼  State Zip Code NM 87594-2107  Full Name (Last, First, Middle Initial) C Mr. J. Alex Valdex, JD Mailing Address P O Box 2107  City State Zip Code NM 87594-2107  FEC ID number of contributing federal political committee.  C Santa Fe NM 87594-2107  Full Name (Last, First, Middle Initial) C Mr. J. Alex Valdex, JD Amount of Each Receipt Initial Primary General Chief Executive Officer Si Vincent Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  SubstotAL of Receipts This Page (optional)  SubstotAL of Receipts This Page (optional)		• • •					
A. Mr. Terry Odem Mailing Address 504 Elm Street  City Albuquerque NIM 87102  FEC ID number of contributing federal political committee.  Name of Employer Heart Hospital of New Mex-Ioo. Receipt For: Primary General Other (specify) ▼  City State Zip Code NIM 87501-6284  FEUI Name (Last. First. Middle Initial)  B. Mr. Waren Kean Spellman  Mailing Address P O Box DD  City State Zip Code NIM 87571-6284  FEC ID number of contributing federal political committee.  City State Zip Code NIM 87571-6284  FEC ID number of contributing federal political committee.  Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼  Full Name (Last. First. Middle Initial)  C. Mr. Jakes Valdez, JD Mailing Address P O Box 2107  City State Zip Code NIM 87501-6284  FEC ID number of contributing federal political committee.  Chief Executive Officer Receipt For: Santa Fig. Nime (Last. First. Middle Initial) C. Mr. Jakes Valdez, JD  Mailing Address P O Box 2107  City State Zip Code NIM 87594-2107  FEUI Name (Last. First. Middle Initial) C. Mr. Jakes Valdez, JD  Mailing Address P O Box 2107  City Santa Fe Fereipt Medical committee.  C Son. Oo  Santa Fe Fereipt Medical committee.  C Son. Oo  SubstortAL of Receipts This Page (optional)  SubstortAL of Receipts This Page (optional)	1/	American Hospital Association PAC					
A. Mr. Terry Odem Mailing Address 504 Elm Street  City Albuquerque NIM 87102  FEC ID number of contributing federal political committee.  Name of Employer Heart Hospital of New Mex-Ioo. Receipt For: Primary General Other (specify) ▼  City State Zip Code NIM 87501-6284  FEUI Name (Last. First. Middle Initial)  B. Mr. Waren Kean Spellman  Mailing Address P O Box DD  City State Zip Code NIM 87571-6284  FEC ID number of contributing federal political committee.  City State Zip Code NIM 87571-6284  FEC ID number of contributing federal political committee.  Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼  Full Name (Last. First. Middle Initial)  C. Mr. Jakes Valdez, JD Mailing Address P O Box 2107  City State Zip Code NIM 87501-6284  FEC ID number of contributing federal political committee.  Chief Executive Officer Receipt For: Santa Fig. Nime (Last. First. Middle Initial) C. Mr. Jakes Valdez, JD  Mailing Address P O Box 2107  City State Zip Code NIM 87594-2107  FEUI Name (Last. First. Middle Initial) C. Mr. Jakes Valdez, JD  Mailing Address P O Box 2107  City Santa Fe Fereipt Medical committee.  C Son. Oo  Santa Fe Fereipt Medical committee.  C Son. Oo  SubstortAL of Receipts This Page (optional)  SubstortAL of Receipts This Page (optional)	<u></u>	Full Name (Last First Middle Initial)			1		
Mailing Address 504 Elm Street   City	Α.				Date of Rec	eipt	
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Albuquerque  NM 87102  FEC ID number of contributing federal political committee.  Name of Employer Heart Hospital of New Mex-Loo  Receipt Fc: Primary General Other (specify) ▼  Pul Name (Last, First, Middle Initial)  B. Mr. Warren Koan Spellman  Maling Address P O Box DD  City State Zip Code Taos NM 87571-6284  FEC ID number of contributing federal political committee.  Name of Employer Holy Cross Hospital Committee.  Name of Employer Primary General Other (specify) ▼  Cocupation  Chief Executive Officer Receipt Tc: Primary General Other (specify) ▼  State Zip Code Transaction ID: 13435668  Amount of Each Receipt this Period  Transaction ID: 13435668  Amount of Each Receipt this Period  Transaction ID: 13435668  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period					1.1		
FEC ID number of contributing federal political committee.    Name of Employer	City State			Zip Code	Transaction	ID: 13435658	
Summer of Employer   Cocupation   Cocupat		Albuquerque	NM	87102	Amount of E	Each Receipt this Period	
Summer of Employer   Chief Executive Officer		FEC ID number of contributing				050.00	
Comparison   Co						250.00	
Comparison   Co		Name of Frankrica	I 0		_		
Comparison   Co		Heart Hospital of New Mex-					
Primary General Other (spacify) ▼					_		
Tull Name (Last, First, Middle Initial)  B. Mr. Warren Ksan Spelman  Mailing Address P O Box DD  City State Zip Code Taos NM 87571-6284  FEC ID number of contributing federal political committee.  Name of Employer Holy Cross Hospital  Ct. Mr. J. Alex Vaidez, JD  Mailing Address P O Box 2107  City State Zip Code Transaction ID: 13435668  Amount of Each Receipt this Period  Cocupation Chief Executive Officer Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Ct. Mr. J. Alex Vaidez, JD  Mailing Address P O Box 2107  City State Zip Code Santa Fe NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Content Regional Medical Content Chief Executive Officer Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Substot Al Receipt This Page (optional)  Substot Al Receipts This Page (optional)			Aggregate	r rear-to-Date ▼	.		
Full Name (Last, First, Middle Initial)  B. Mr. Warren Kean Spellman  Mailing Address P O Box DD  City State Zip Code  NM 87571-6284  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical College (Santa Fe D Date of Aggregate Year-to-Date ▼  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt To:  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt For:  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt For:  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt For:  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt For:  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt For:  Name of Employer St. Vincent Regional Medical College (Santa Fe Receipt For:  Primary General Other (specify) ▼  SubstotAL of Receipts This Page (optional)  ■ 1050.00			' '	250.00			
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Date of Receipt   Mailing Address   P O Box DD	_	Full Name (Last First Middle Initial)			+		
City Taos  FEC ID number of contributing federal political committee.  Name of Employer Holy Cross Hospital  Receipt For: Full Name (Last, First, Middle Initial)  City Santa Fe  NM  S7504-2107  Perimary  General Other (specify) ▼  State Zip Code NM  S7504-2107  Date of Receipt  Transaction ID: 13435668  Amount of Each Receipt this Period  Follows Pollows	В.				Date of Rec	eipt	
City State Zip Code NM 87571-6284  FEC ID number of contributing federal political committee.  Name of Employer Holy Cross Hospital  C Mr. J. Alex Valdez, JD Mailing Address P O Box 2107  City State Zip Code NM 87504-2107  FEC ID number of contributing federal political committee.  C State Zip Code NM 87504-2107  City State Zip Code NM 87504-2107  FEC ID number of contributing federal political committee.  C Name of Employer St. Vincent Regional Medical Center Receipt For:  Primary General Other (specify) ▼ 300.00  C Supprimary General Other (specify) ▼ 300.00  C Substant Aggregate Year-to-Date ▼ 300.00  C Substant Aggregate Year-to-Date ▼ 300.00  Substant Aggregate Year-to-Date ▼ 300.00		Mailing Address P O Box DD			M M /		
Taos NM 87571-6284  FEC ID number of contributing federal political committee.  Name of Employer Holy Cross Hospital Other (specify) ▼					11	27 2006	
FEC ID number of contributing federal political committee.  Name of Employer Holy Cross Hospital  Receipt For:  Primary General Other (specify) ▼  C. Mr. J. Alex Valdez, JD  Mailing Address P O Box 2107  City State Zip Code NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Center Receipt For:  Primary General Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 13435669  Amount of Each Receipt this Period  Transaction ID: 13435669  Amount of Each Receipt this Period  Substitute Torical Regional Medical Center Receipt For:  Primary General Other (specify) ▼  Substitute This Page (optional)				Zip Code	Transaction ID: 13435668		
Name of Employer Holy Cross Hospital   Occupation Chief Executive Officer		Taos	NM	87571-6284	Amount of E	Each Receipt this Period	
Name of Employer Holy Cross Hospital  Receipt For:  Primary General Other (specify) ▼  C. Mr. J. Alex Valdez, JD  Mailing Address P O Box 2107  City Santa Fe NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Cealer Receipt For:  Primary General Other (specify) ▼  Substot Algorithm Aggregate Year-to-Date ▼  Date of Receipt  M. M						500.00	
Receipt For:		federal political committee.	0				
Receipt For:		Name of Employer	Occupation	 1	-		
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mr. J. Alex Valdez, JD  Mailing Address P O Box 2107  City State Zip Code Santa Fe NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Center Receipt For: Primary General Other (specify) ▼  SubstortAL of Receipts This Page (optional)  Date of Receipt  M M M 7 D D 7 2 0 0 6  Transaction ID: 13435669  Amount of Each Receipt this Period  Cocupation Chief Executive Officer  Aggregate Year-to-Date ▼  SubstortAL of Receipts This Page (optional)		Holy Cross Hośpital					
Other (specify) ▼    State   Zip Code   Transaction ID: 13435669		Receipt For:	Aggregate	Year-to-Date <b>V</b>			
Tell Name (Last, First, Middle Initial)  C. Mr. J. Alex Valdez, JD  Mailing Address P O Box 2107  City  Santa Fe  NM  87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Cal Center Receipt For:  Primary  Other (specify) ▼  Substortal of Receipts This Page (optional)  Date of Receipt  Transaction ID: 13435669  Transaction ID: 13435669  Amount of Each Receipt this Period  Tocupation Chief Executive Officer  Aggregate Year-to-Date ▼  1050.00		Primary General			1		
C. Mr. J. Alex Valdez, JD  Mailing Address P O Box 2107  City State Zip Code Santa Fe NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Center Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  Transaction ID: 13435669  Amount of Each Receipt this Period  Toccupation Chief Executive Officer  Aggregate Year-to-Date ▼  1050.00		Other (specify) ▼		500.00			
C. Mr. J. Alex Valdez, JD  Mailing Address P O Box 2107  City State Zip Code Santa Fe NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Center Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  Transaction ID: 13435669  Amount of Each Receipt this Period  Toccupation Chief Executive Officer  Aggregate Year-to-Date ▼  1050.00							
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City Santa Fe NM 87504-2107  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Center Receipt For: Primary Other (specify) ▼  Substotal of Receipts This Page (optional)    11	Ċ.					'	
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Santa Fe  NM 87504-2107  Amount of Each Receipt this Period  C  Name of Employer St. Vincent Regional Medical Center Receipt For:  Primary Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Amount of Each Receipt this Period  300.00  Amount of Each Receipt this Period  300.00  300.00		City	State	Zip Code	Transaction		
FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Regional Medical Center Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Agree of Employer St. Vincent Regional Medical Chief Executive Officer  Aggregate Year-to-Date ▼  300.00		•	NM	87504-2107			
Name of Employer St. Vincent Regional Medical Center Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)  SUBTOTAL of Receipts This Page (optional)					7	· · · · · · · · · · · · · · · · · · ·	
St. Vincent Regional Medical Center  Receipt For: Primary General Other (specify)   SUBTOTAL of Receipts This Page (optional)  Chief Executive Officer Aggregate Year-to-Date   300.00						300.00	
St. Vincent Regional Medical Center  Receipt For: Primary General Other (specify)   SUBTOTAL of Receipts This Page (optional)  Chief Executive Officer Aggregate Year-to-Date   300.00		<del></del>			_		
Receipt For:    Primary   General   300.00     Other (specify) ▼   1050.00     SUBTOTAL of Receipts This Page (optional)		Name of Employer St. Vincent Regional Medi-					
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  1050.00							
Other (specify) ▼  300.00  SUBTOTAL of Receipts This Page (optional)			Aggregate	Year-to-Date ▼	.		
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	т	OTAL This Period (last page this line number or	nly)	<b>)</b>			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 94 / 149
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Brad Copple			Date of Receipt
	Mailing Address P O Box 707			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436197
	De Kalb	IL	60115-0707	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Kishwaukee Community Hosp- ital	Occupation Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Michelle Janney			Date of Receipt
	Mailing Address 1828 W. Long Valley Ro	ad		1 1 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13436200
	Glenview	IL	60025-5042	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Northwestern Memorial Hos-	Occupation		
	pital		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. William Kessler  Mailing Address One Saint Anthony's Wa	21/		Date of Receipt
	one Saint Anthony's Wa	11 27 2006		
	City	State	Zip Code	Transaction ID: 13436202
	Alton	IL	62002-4568	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Saint Anthony's Health Ce-	Occupation		
	nter Chie Receipt For: Agg Primary General		ecutive Officer	
			Year-to-Date ▼	
			800.00	
	Other (specify) ▼		000.00	1
				1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
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			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atemente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Tony Mitchell			Date of Receipt
	Mailing Address 2025 Windsor Drive			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436206
	Oak Brook	IL	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Advocate Health Care		munications & Government	Relati
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Cirio (openity)	-		1
— В.	Full Name (Last, First, Middle Initial) Mr. James M Moore			Date of Receipt
	Mailing Address 800 NE Glen Oak Aver	M M / D D / Y Y Y Y		
		11 27 2006		
	City	State	Zip Code	Transaction ID: 13436207
	Peoria	IL	61603-3255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OSF Healthcare System	Occupation	1	7
	OSF Healthcare System	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	]
	Full Name (Last, First, Middle Initial) Mr. Dennis Murphy			Date of Receipt
٠.	Mailing Address 48 Royal Vale Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	11 27 2006
	City Oak Brook	IL	60523-1643	Transaction ID: 13436208
		IL.	00323-1043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Northwestern Memorial Hos-	Occupation		
	pital		Medical Affairs	_
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General		500.00	
	Other (specify)			1
				1250.00
S	UBTOTAL of Receipts This Page (optional)			1200.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 96 / 149
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  Mr. Mark R Neaman			Date of Receipt
	Mailing Address 1301 Central Street			1 1 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13436209
	Evanston	IL	60201-1613	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Evanston Northwestern Hea-	Occupation	า	
	Ithcare	President	t and Chief Executive Officer	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) 🔻	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jesse P. Hall			Date of Receipt
	Mailing Address 1948 Elmwood Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436214
	Wilmette	IL	60091-1430	Amount of Each Receipt this Period
	FEC ID number of contributing		000011100	
	federal political committee.	C		250.00
	Name of Employer	Occupation	 1	$\dashv$
	Highland Park Hospital	Administ		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Potter			Date of Receipt
٠.	Mailing Address 430 Cobblestone Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	11 27 2006
	Aurora	State	2ip Code 60506-4416	Transaction ID: 13436215  Amount of Each Receipt this Period
		IL.	00300-4410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dreyer Medical Clinic	Occupation President		7
	Receipt For: Primary General		Year-to-Date ▼	-
			Tour to Date ¥	1
	Other (specify)		250.00	
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s	UBTOTAL of Receipts This Page (optional)			1000.00
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S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 97 / 149
	•		Use separate schedule(s) or each category of the	(check only one)
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	•			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. David A Schertz			Date of Receipt
	Mailing Address 5666 East State Street			M M / D D / Y Y Y Y
				11 27 2006
	City	State	Zip Code	Transaction ID: 13436216
	Rockford	<u> </u>	61108-2472	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		_
	Name of Employer OSF Saint Anthony Medical	Administr		
	Center Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date ▼	
	Other (specify)	' '	250.00	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Darryl L Vandervort			Date of Receipt
	Mailing Address 403 East First Street			M M / D D / Y Y Y Y
	Too East 1 not offoot			11 27 2006
	City	State	Zip Code	Transaction ID: 13436218
	Dixon	IL	61021-3187	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	C		500.00
	Name of Employer Katherine Shaw Bethea Hos-	Occupation		
	pital	1	and Chief Executive Officer	· 
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	1 1	300.00	
C.	Full Name (Last, First, Middle Initial) Ms. Terri L. Allen			Date of Receipt
Ċ.		) a a d		<del>-</del>
	Mailing Address 1151 East Warrenville F	1080		11 27 2006
	City	State	Zip Code	Transaction ID: 13436225
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	•		00000 0000	Amount of Each receipt this rende
	FEC ID number of contributing federal political committee.	C		200.00
	reacrai pontical committee.			
	Name of Employer	Occupation	1	
	Illinois Hospital Association	Regional	Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼		300.00	
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				050.00
s	UBTOTAL of Receipts This Page (optional)			950.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 98 / 149			
	•		Use separate schedule(s) or each category of the	(check only one)			
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			_ common common , coge	13 14 15 16 17			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt			
	Mailing Address 1151 E. Warrenville Ro	ad		11 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 13436228			
	Naperville	IL	60563-9339	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		625.00			
	federal political committee.	<u> </u>		023.00			
	Name of Employer Illinois Hospital Associa-	Occupation					
	tion Receipt For:		sident, Finance Year-to-Date ▼				
	Primary General	Ayyreyale	rear-to-Date V	1			
	Other (specify)		1012.50				
		0 0		1			
В.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt			
٠.	Mailing Address 740 North Hayes			M M / D D / Y Y Y Y			
				11 27 2006			
	City	State	Zip Code	Transaction ID: 13436233			
	Oak Park	<u>IL</u>	60302-1706	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		416.70			
	federal political committee.						
	Name of Employer Illinois Hospital Associa-	Occupation					
	tion		General Counsel				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	, ,	675.05				
	Other (specify)	0 0					
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt			
٠.	Mailing Address 1151 East Warrenville I	Road		M M / D D / Y Y Y Y			
				11 27 2006			
	City	State	Zip Code	Transaction ID: 13436234			
	Naperville	IL	60563-9339	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		625.00			
	federal political committee.						
	Name of Employer Illinois Hospital Associa-	Occupation					
	tion		of Development • Year-to-Date ▼	_			
	Receipt For:  Primary  General	Aggregate	: 1 Eai-10-Dale ▼	,			
	Other (specify)		1012.50				
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s	UBTOTAL of Receipts This Page (optional)			1666.70			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 99 / 149	
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Ar	ny information copied from such Reports and Stat	tements may	not be sold or used by any perso		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			Data of Descint	
A.	Ms. Lois DeTraglia  Mailing Address 1151 E. Warrenville Rd.			Date of Receipt	/ Y Y Y Y
	TIST E. Walterville Hu.			11 27	2006
	City	State	Zip Code	Transaction ID: 13	3436235
	<u>Naperville</u>	IL	60563-9339	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.				208.40	
	Name of Employer Illinois Hospital Associa-	Occupation Administr			
	tion Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify)		333.44		
В.	Full Name (Last, First, Middle Initial) Mr. Brian Foster			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			1 1 D D 2 7	2006
	City	State	Zip Code	Transaction ID: 13	3436236
	Naperville	<u> </u>	60563-9339	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			416.70
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion Receipt For:	Vice Pres	e Year-to-Date 🔻	_	
	Primary General	Aggregate	Fiedi-10-Date V	1	
	Other (specify) ▼	0 0	675.06		
_	Full Name (Last, First, Middle Initial)			Data of Dagaint	
C.	Ms. Tamara Lynn Gamrat  Mailing Address 1911 Hamilton Street			Date of Receipt	/ Y Y Y Y
	Maining Address 1911 Hammon Street			11 27	2006
	City	State	Zip Code	Transaction ID: 13	3436237
	Murphysboro	<u>IL</u>	62966-1519	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			156.30
St. Joseph Memorial Hospi- tal Administ		Occupation Administr			
		e Year-to-Date ▼	7		
	Primary General		250.08	1	
	Other (specify)	250.06			
s	UBTOTAL of Receipts This Page (optional)				781.40
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т	OTAL This Period (last page this line number or	ıly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	PAGE 100 / 149
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	n such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	·				
	Full Name (Last, First, Middle Initial)			5. (5. ).	
Α.	Ms. Ann C. Guild	1		Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd PO Box 3015			1 1 2 7	
	City	State	Zip Code	Transaction ID: 1	
	Naperville	IL	60563-9339	Amount of Each R	
	FEC ID number of contributing			7 1111001111 01 2001111	
	federal political committee.	C			416.70
		10		_	
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion Receipt For:		: Vice President e Year-to-Date ▼		
	Primary General	Aggregate	FIEAI-IO-DAIC V	1	
	Other (specify)		675.05		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1755 Maple Lane				7 2006
	City	Ctoto	Zip Code		
	City	State IL	·	Transaction ID: 1	
	Wheaton	IL	60187-3317	Amount of Each R	ecelpt this Period
	FEC ID number of contributing federal political committee.	C			600.00
	Name of Employer Central DuPage Hospital	Occupation			
		Presiden			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		900.00		
	Cure (epochy) •		1 1 1 1 1 1 1 1	J.	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Teresa Hursey			Date of Receipt	
	Mailing Address 1151 East Warrenville	Road		1 1 2 7	
	City	State	Zip Code	Transaction ID: 1	
	Naperville	IL	60563-9339	Amount of Each R	
	•		00000 0000	Amount of Lacif h	<del> </del>
	FEC ID number of contributing federal political committee.	C			625.00
Name of Employer Illinois Hospital Association  Occup Vice					
		Occupation			
			sident, Finance		
Receipt For:  Primary  Other (specify)			e Year-to-Date ▼		
			1012.50		
				1	
s	UBTOTAL of Receipts This Page (optional)				1641.70
	, ,			-	• • • • • •
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		He a second a selection of the selection	FOR LINE NUMBER: PAGE 101 / 149
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Susan Kaufman			Date of Receipt
	Mailing Address 1151 E. Warranville Rd.			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436601
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		210.00
	Name of Employer Illinois Hospital Associa-	Occupation Assistant	n : Vice President	7
	tion Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify) ▼		336.00	
	-			1
В.	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis			Date of Receipt
	Mailing Address 1151 East Warrenville F	Road		M ' M / D ' D / Y ' Y ' Y ' Y
				11 27 2006
	City	State	Zip Code	Transaction ID: 13436603
	<u>Naperville</u>	<u> </u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.40
		1		
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion	· · · · · ·	Government Relations	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	333.44	
	canon (epocally) 🔻	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges			Date of Receipt
	Mailing Address 1151 E. Warrenville Roa	ad		M M / D D / Y Y Y Y
	PO Box 3015			11 27 2006
	City	State	Zip Code	Transaction ID: 13436604
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing	C		625.00
	federal political committee.			325.55
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion	Vice Pres		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1012.50	
	Other (specify)			1
_	LIDTOTAL of Descripts This Descriptor 15			1043.40
L	UBTOTAL of Receipts This Page (optional)			
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 102 / 149 (check only one)
	EIVIIZED NEGEIP 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III			Date of Receipt
	Mailing Address 4109 Southwoods Road			11 27 2006
	City	State	Zip Code	Transaction ID: 13436607
	Springfield  FEG ID sumber of contribution	<u>IL</u>	62707-6070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		1012.50	
3.	Full Name (Last, First, Middle Initial) Mr. John J. Raleigh			Date of Receipt
	Mailing Address 1141 East Warrenville F	11 27 2006		
	City	State	Zip Code	Transaction ID: 13436609
	Naperville	IL	60563-1493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	625.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt
	Mailing Address 1531 Maria Court			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436612
	Wheaton	IL	60187-3777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa- tion	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1012.50	
s	UBTOTAL of Receipts This Page (optional)			1875.00
			<u> </u>	
T	OTAL This Period (last page this line number or	1ly)		

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 103 / 149
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Rann Folsom			Date of Receipt
	Mailing Address 2281 US Highway 41 S			1 1 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13442591
	Cordele	GA	31015-7501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Crisp Regional Hospital	Occupation Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kirk Wilson			Date of Receipt
	Mailing Address 3010 Woodvale Ct			1 1 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13442621
	Alpharetta	GA	30022-1919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Joseph's Hospital	Occupation	n	7
	Saint Joseph's Hospital of Atlanta	CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	]
_	Full Name (Last, First, Middle Initial)			Date of December
U.	Ms. Barbara Filliung  Mailing Address 1013 59th Street			Date of Receipt
	Mailing Address 1013 59th Street			11 27 2006
	City	State	Zip Code	Transaction ID: 13481259
	Lisle	IL	60532-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.40
	Name of Employer Illinois Hospital Associa- tion		Government Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	333.44	11
	Other (specify)		000.44	1
				708.40
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	700.70
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 104 / 149 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a			
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Holbrook & Osborn, PA			Date of Receipt			
	Mailing Address 7400 West 110th Street	et, Suite 600		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 13505187			
	Overland Park	KS	66210-2360	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		0.00			
	Name of Employer Holbrook & Osborn, P.A.	Occupation	n				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 0.00	[MEMO ITEM]  Refund(s) on Schedule B  Totaling \$500.00 This changes the YTD Total to \$0			
В.	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt			
	Mailing Address 506 A East Howell Ave	nue		M " M			
	City	State Zip Code		Transaction ID: PR1034595118007			
	Alexandria	VA	22301	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer American Hospital Associa-	Occupation					
	tion-Washingt		e Director	4			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	D/D D - I - I' (\$00.00 B)			
	Other (specify) ▼		490.00	P/R Deduction (\$20.00 Bi- Weekly)			
С.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt			
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR1045726218007			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		120.00			
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		n lef Washington Counsel e Year-to-Date ▼				
	Primary General Other (specify) ▼	. 1991 Ogdite	960.00	P/R Deduction (\$40.00 Bi- Weekly)			
s	UBTOTAL of Receipts This Page (optional)			180.00			
Т	OTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 105 / 149	
		Use separate schedule(s) or each category of the	(check only one)	
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
		, -	13 14 15 16 17	
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  A. Ms. Barbara Jellen			Date of Receipt	
Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y	
City	State	Zip Code	Transaction ID: PR1113464218007	
Washington	DC	20004-2818	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		30.00	
Name of Employer American Hospital Associa- tion-Washingt	Occupation Section D			
Receipt For:		e Year-to-Date ▼		
Primary General			P/R Deduction (\$10.00 Bi-	
Other (specify)		240.00	Weekly)	
Full Name (Last, First, Middle Initial)  3. Ms. Sohini Jindal			Date of Receipt	
Mailing Address 325 Seventh Street, NW	Mailing Address 325 Seventh Street, NW			
City	State	Zip Code	Transaction ID: PR1125613618007	
Washington	DC	20004-2818	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		60.00	
Name of Employer American Hospital Associa-	Occupation			
tion-Washingt		ssociate Director		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (000 00 D'	
Other (specify)		480.00	P/R Deduction (\$20.00 Bi- Weekly)	
Full Name (Last, First, Middle Initial)  6. Ms. Mary Meadows			Date of Receipt	
Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y	
City	State	Zip Code	Transaction ID: PR1260472918007	
Chicago	IL	60606-3436	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.67	
Name of Employer	Occupation	n	7	
American Organization of Nurse Executi	Director of	of Professional Practice		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		222.24	P/R Deduction (\$13.89 Bi-	
Other (specify) ▼	0 0	0 0 0 0 0 0 0	Weekly)	
SUBTOTAL of Receipts This Page (optional)			131.67	
TOTAL This Period (last page this line number or	ılv)			

# SCHEDULE A (FEC Form 3X)

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 106 / 149
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			., .,	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	Tarrio aria aac	areas or arry pointed committee to	Solicit Contributions from Such Committee.
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727318007
	Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, PMGs	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)		960.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR327745918007
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt		Grassroots Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777218007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago '		Long-Term Care	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			270.00
			•	
T	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 / 149
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> PR327777818007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801718007
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812018007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Organization of	Occupation		7
	Nurse Executi	-	e Director	4
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		480.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			150.00
_			-	
T	OTAL This Period (last page this line number or	1ly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 108 / 149
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851918007
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Policy Development	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	,		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858018007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:		e Director, AHAPAC e Year-to-Date ▼	_
	Primary General	Aggregate	e real-lo-Dale V	D/D Doduction (\$40.00 Di
	Other (specify) ▼	0 0	960.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877818007
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		124.98
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago '		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	999.84	P/R Deduction (\$41.66 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			304.98
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 109 / 149
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c   12
			<b>_</b>	13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	r not be sold or used by any person Iress of any political committee to s	i for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	, and real resolution rate				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Richard J. Davidson			Date of Receipt	
	Mailing Address 325 Seventh Street, NW			M M / D D	/ Y Y Y Y
	Suite 700 City	State	Zip Code	Transaction ID: PR	227042118007
	Washington	DC	20004-2818	Amount of Each Red	
	FFO ID work as a Constitution		2000+ 2010	Amount of Lacri Net	
	FEC ID number of contributing federal political committee.	C			120.00
	·				
	Name of Employer American Hospital Associa-	Occupation			
	tion-Washingt	President		_	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	D/D D	0 00 D'
	Other (specify)	' '	960.00	P/R Deduction (\$4) Weekly)	0.00 Bi-
	care (epeciny) V	0 0	0 0 0 0 0 0 0	,,	
_	Full Name (Last, First, Middle Initial)				
В.	Mr. James Henderson			Date of Receipt	
	Mailing Address One North Franklin Stre	et		M M / D D	/ Y Y Y Y
	O.h.	01-1-	7in Code		22222444227
	Chicago	State	Zip Code	Transaction ID: PR	
	Chicago	IL	60606	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer American Hospital Associa-	Occupation			
	tion-Chicago		orate Counsel		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		240.00	P/R Deduction (\$1) Weekly)	0.00 Bi-
	Other (specify)	0 0		Weekly)	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Barbara Lorsbach			Date of Receipt	
	Mailing Address 204 South 7th Avenue			M M / D D	/ Y Y Y Y
	01.	01-1-	7'- 01-		2004004007
	City	State	Zip Code	Transaction ID: PR	
	<u>La Grange</u>	IL	60525-6406	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			120.00
	·				
	Name of Employer American Hospital Associa-	Occupation			
	tion-Chicago	1	President, Member Relations		
Receipt For:  Primary  General  Other (specify)		Aggregate	Year-to-Date ▼		
		960.00	P/R Deduction (\$4) Weekly)	0.00 Bi-	
	Other (specify)		VV CCITIY)		
	<u>_</u>				
s	JBTOTAL of Receipts This Page (optional)				270.00
$\vdash$	ago (opilolita)				
I +	OTAL This Period (last page this line number or	nlv)	•		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 110 / 149
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			., .,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, p	
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223818007
	Chicago	<u> </u>	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	l		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224818007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		960.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328224918007
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa-	Occupation	n President	
	tion-Washingt Receipt For:		e Year-to-Date <b>V</b>	-
	Primary General	riggrogate	Tour to Bate V	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	960.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			300.00
			<u> </u>	
T	OTAL This Period (last page this line number o	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 111 / 149
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> PR328241418007
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		444.48	P/R Deduction (\$27.78 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y
	City State Zip Code			Transaction ID: PR328260918007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt		Vice President	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D - 1 - 1' (\$00 00 D')
	Other (specify) ▼		1920.00	P/R Deduction (\$80.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328310418007
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		n President, Communications • Year-to-Date ▼	
	Primary General Other (specify) ▼	1.55.553.0	960.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			443.34
	OTAL This Period (last page this line number of			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 112 / 149 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X   11a     11b     11c     12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312718007
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341818007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:	· · · · · ·	Political Action & Grassroot e Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	960.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511818007
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		142.80
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago '		Executive	$\dashv$
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$47.50 B)
	Other (specify) ▼		866.40	P/R Deduction (\$47.60 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			382.80
_			<u> </u>	
T	OTAL This Period (last page this line number or	1ly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 113 / 149
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512018007
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations	1
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA One North Franklin Street	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013418007
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		Psychiatric and Substance Alexandre Year-to-Date	0
	Primary General	Aggregate	r rear-to-Date ▼	D/D Doduction (\$20.00 Bi
	Other (specify)		480.00	P/R Deduction (\$20.00 Bi- Weekly)
Э.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329071318007
	Harrisburg	PA	17110-3573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer American Hospital Associa- tion	Occupation President	n t, Center for Healthcare Gove	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$60.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	300.00
т,	OTAL This Period (last page this line number or	nlv)	<b>.</b>	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 114 / 149		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
•••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Ar	y information copied from such Reports and Si	atements may	not be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt		
	Mailing Address 500 Interstate Bouleval	rd South		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR329215718007		
	Nashville	TN	37210-4634	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		120.00		
	Name of Employer American Hospital Associa-	Occupation	ı			
	tion-Chicago		Executive			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_		
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)		
— В.	Full Name (Last, First, Middle Initial) Mr. John Evans			Date of Receipt		
	Mailing Address One North Franklin Str	M " M / D " D / Y " Y " Y " Y				
	City	State		Transaction ID: PR329342618007		
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer American Hospital Associa-	Occupation	ı			
	tion-Chicago	CFO				
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris			Date of Receipt		
	Mailing Address 1136 W. Farwel Unit 1W			M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR329654218007		
	Chicago	<u> </u>	60626-3861	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive	n e Director, ASDVS			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)		
s	UBTOTAL of Receipts This Page (optional)			180.00		
H	OTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 115 / 149
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273418007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	480.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330343318007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		e Services Director	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475418007
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Chicago	Regional	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		960.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0		Weekly)
S	UBTOTAL of Receipts This Page (optional)			210.00
_	OTAL This Deviced (less name this line number or	ah A		
- 1 (	OTAL This Period (last page this line number or	пу)		

S	CHEDULE A (FEC Form 3X)		l le a compueta a charle la (a)	FOR LINE NUMBER: PAGE 116 / 149
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534318007
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Assoc	n ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dr Unit 2303	ive		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547718007
	Chicago	IL	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330549218007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			180.00
_			_	
T	OTAL This Period (last page this line number or	11y)	<b>.</b>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 117 / 149
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776118007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.22
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hóspítal Associa- tion-Washingt		ocacy & Member Communic	cations
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.54	P/R Deduction (\$21.74 Bi-
	Other (specify) ▼	0 0	456.54	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 2303 Burke Avenue			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR331304218007
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Washingt	· · · · · · · · · · · · · · · · · · ·	ocacy & Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0		Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331379118007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		44.13
	Name of Employ	10		
	Name of Employer American Organization of	Occupation		
	Nurse Executi		Federal Relations & Policy  e Year-to-Date ▼	_
	Receipt For:  Primary  General	Aggregate	e rear-lo-Dale V	
	Other (specify) ▼		220.65	P/R Deduction (\$14.71 Bi- Weekly)
9	LUBTOTAL of Receipts This Page (optional)			139.35
	CETAL OF HOCOIPES THIS Fage (optional)		·······	
T	OTAL This Period (last page this line number of	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 118 / 149
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	tomonte may	rot be sold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331386918007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		040.00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0	240.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416018007
	Austin	<u>TX</u>	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		124.98
	Name of Employer American Hospital Associa-	Occupation		
	tion		jional Executive for TX	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadwatian (044,00 Di
	Other (specify)	0 0	999.84	P/R Deduction (\$41.66 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR331533218007
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	<b>.</b>	sident, Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		940.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			274.98
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T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 119 / 149
	•		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR346168118007
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.23
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive	n e Director, ASHRM	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		249.84	P/R Deduction (\$10.41 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619718007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt	1	ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	I		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR801366318007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa- tion-Washingt	-	ssociate Dir. Policy Developr	ne
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)	121.23		
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 120 / 149
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR876637218007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR936292318007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		of Operations	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt
	Mailing Address One N. Franklin Street			M   M / D   D / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR939603918007
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation	n	
	American Organization of Nurse Executi	Director of	of Operations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			90.00
	· · · · · · · · · · · · · · · · · · ·			98639.85
T	OTAL This Period (last page this line number or	nly)		30033.03

FOR LINE NUMBER: PAGE 121 / 149 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) SRH Media Date of Receipt Mailing Address 2204 Countryside Drive 17 2006 City Zip Code State Transaction ID: 13420500 Silver Spring MD 20905 Amount of Each Receipt this Period FEC ID number of contributing C 29000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Refund of H. Wilson IE cancelled 29000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	29000.00
TOTAL This Period (last page this line number only)	<b>•</b>	29000.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 149 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any persolress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 13436190
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		378.77
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3449.49	Bank Interest

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	378.77
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I \	NAME OF COMMITTEE (In Full)  American Hospital Association PAC													
$\angle$	American Hospital Association FAC													
	Full Name (Last, First, Middle Initial)								ion ID	_		41		
Α.	Newtek Merchant Services							_	isburs		nt		V	V
	Mailing Address 462 Seventh Avenue 14th Floor						1 0	IVI	´ L 1	9	<u> </u>	2	οŏε	3
	City New York	State Zip Code NY 10018					Amou	ınt o	f Each	n Dis	burse	ment	this F	Period
	Purpose of Disbursement	10010	Τ_			_							225.0	00
	Bank Fee			0	01									
	Candidate Name				egory ype	/								
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	Full Name (Last, First, Middle Initial)						Trans	eacti	ion ID	. 12	3570	ว 1		
B.	SRH Media								isburs			<i>J</i> 1		
	Mailing Address 2204 Countryside Drive						1 <sup>M</sup> 0	М	/ D 2	23	/ Y	ž	οŏε	S Y
	City Silver Spring	State Zip Code MD 20905					Amou	ınt o	f Each	n Dis	burse	ment	this F	Period
	Purpose of Disbursement				-	$\neg$	L.					29	000.	00
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_	Full Name (Last, First, Middle Initial)  Merchant Bankcard						Trans		ion ID isburs			90		
	Mailing Address 1601 Elm Street						1 1	М	<sup>/</sup> D	3	/ Y	ž	οŏε	S Y
	City Dallas	State Zip Code TX 75201					Amou	ınt o	f Each	n Dis	burse	ment	this F	Period
	Purpose of Disbursement Bank Fee			Ó	01		L.					_	80.	03
	Candidate Name				egory ype	/								
	Office Sought: House Disburs Senate President State: District:	sement For: Primary Genera Other (specify) ▼	l				Bank	Fee	Э					
	•	<u> </u>						_				293	305.0	03
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П	EMIZED DISBURSEMENTS		category of the Summary Page		È	_		22 28a	П	23 28b	П	24 28c	25 29	26 30k
	y Information copied from such Reports and State													ns
or	for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)	me and addre	ess of any political	com	ım	ittee to	SOIIC	it conti	ibut	ons tro	om s	sucn con	ımıttee	
$ \rangle$	American Hospital Association PAC													
Z	American Hospital Association 1 Ao													
Α.	Full Name (Last, First, Middle Initial)										_	143194		
Α.	American Express								of D м	isburse			v v	V
	Mailing Address Ste. 001							1"1		´ L o	) 6	Ĺ.	ž 0 ŏ (	<b>3</b>
	City	State	Zip Code					Amou	int o	f Each	ı Dist	burseme	nt this	Period
	Chicago	IL	60679										7	75
	Purpose of Disbursement Bank Fee				0	01	1	-		_				, 0
	Candidate Name					egory/	1							
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	Office Sought: House Disbur	rsement For: Primary	General					Bank	Fee	<b>)</b>				
	President	Other (spe												
	State: District:		<i>37</i> , <b>4</b>											
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 134	143191		
В.	Merchant Bankcard								_	isburs		nt		_
	Mailing Address 1601 Elm Street							1 1	М	<sup>′</sup> 0	) 6	/ Y	žoŏ	3 <sup>Y</sup>
	City	State	Zip Code					Amou	int o	f Each	ı Disk	burseme	nt this	Period
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	Purpose of Disbursement Bank Fee				0	01	1		0					02
	Candidate Name					egory/ /pe								
	Office Sought: House Disbur	sement For:						Bank	FΔ	_				
	Senate	Primary	General					Dank	1 00	•				
	State: President State:	Other (spe	ecity) 🔻											
	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	. 134	 143192		
C.	Citibank, F.S.B.									isburs				
	Mailing Address 1400 G Street, NW							1 1	М	/ D <sub>2</sub>	2 O	/ Y	ž 0 ŏ (	3 Y
	1400 G Street, NW													
	City	State DC	Zip Code 20005					Amou	int o	f Each	ı Dist	burseme	nt this	Period
	Washington Purpose of Disbursement		20005										78.	02
	Bank Fee				Ó	01								
	Candidate Name					egory/ /pe								
	Office Sought: House Disbur	sement For:						Bank	For	_				
	Senate	Primary	General					Dailk	1 56	,				
	State: President State:	Other (spe	ecity) 🔻											
	otato. District.							_	_					
s	UBTOTAL of Disbursements This Page (optiona	l)				!	<u> </u>						183.	79
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$\rangle$	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial) McCrery For Congress Committee							on ID	_	37360 nt	66		
	Mailing Address Post Office Box 52956 333 Texas Street Suite	1900				1 <sup>M</sup> 0	М	/ D	20	/ Y	ž	0 ŏ 6	Y
	City Shreveport	State Zip Code LA 71135				Amou	ınt o	f Each	n Dis	burse	-		
	Purpose of Disbursement Contribution		1 —	0-		L.		-			50	0.00.0	00
	Candidate Name Rep. Jim McCrery			ate Ty	gory/ pe								
	Office Sought:  X House Senate President  State: LA  District: 4	ement For: 2006 Primary X General Other (specify)				Contr	ibut	ion					
	Full Name (Last, First, Middle Initial)					Trans	sacti	on ID	: 13:	3736	65		
B.	Castle Campaign Fund					Date		isburs	eme			0 Ď 6	Y
	Mailing Address P.O Box 133					1 0			20	L	2	0 0 6	
	City Wilmington	State Zip Code DE 19899				Amou	ınt o	f Each	n Dis	burse	-		-
	Purpose of Disbursement Contribution Candidate Name		-	0.			_	0				0.00.0	00
	Rep. Michael N. Castle			ањ Ту	gory/ pe								
	Senate President	ement For: 2006 Primary X General Other (specify)	•			Contr	ibut	ion					
	State: DE District: 1												
C.	Full Name (Last, First, Middle Initial) National Leadership PAC					Trans Date	of D	isburs	eme				V.
	Mailing Address 635 B Pennsylvania Av	9.				1 <sup>M</sup> 0	М	/ D	20	/	ž	0 ŏ 6	
	City Washington	State Zip Code DC 20005				Amou	ınt o	f Each	n Dis	burse	-		
	Purpose of Disbursement 2006 Contribution			0-	11	L.	-	-			30	0.000	00
	Candidate Name				gory/ pe								
	Office Sought: House Disbur Senate President State: District:	ement For: Primary General Other (specify)				2006	Cor	ntribu	ition				
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	y Information copied from such Reports and State for commercial purposes, other than using the na														IS
$\setminus$	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Porter For Congress							Trans Date					662		
	Mailing Address PO Box 26087							1 <sup>M</sup> 0	М	/ [	2 0	/	Y	Ý 0 Ŏ 6	3 Y
	City Las Vegas	State NV	Zip Code 89126					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Period
	Purpose of Disbursement Contribution				0	11		L.						5000.	00
	Candidate Name Rep. Jon C. Porter			С		egory/ pe									
	Office Sought: X House Disbur Senate President State: NV District: 3	Primary Other (sp	2006 X General ecify) <b>V</b>					Contr	ibut	tion					
В.	Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Mailing Address 607 14th Street NW St							Trans Date		isbu	-	ent		Ź 0 Ŏ (	6 Y
	City Washington	State DC	Zip Code 20005					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Period
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	Office Sought: House Senate President State: District:	Primary Other (sp	General ecify) ▼					2006	Cor	ntrib	outio	n			
C.	Full Name (Last, First, Middle Initial) Norwood For Congress							Trans					819		
	Mailing Address PO Box 499							1 <sup>M</sup> 0	М	/ [	2 3	/	ÝŽ	Ý 0 Ŏ 6	6 Y
	City Evans	State GA	Zip Code 30809					Amou	int o	f Ea	ch D	isburs		nt this	
	Purpose of Disbursement Contribution				_	11		L.	_	-				2000.	00
	Candidate Name Rep. Charles W. Norwood		0000	C		gory/ pe									
	Office Sought: X House Disbur Senate President State: GA District: 9	Primary Other (sp	2006 X General ecify) ▼					Contr	ibut	tion					
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	y Information copied from such Reports and State											ıs
or	for commercial purposes, other than using the nat	me and address of any politica	al com	nm	littee to s	solicit cont	ribut	ions fr	om sı	uch com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full)											
K	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial)									73673		
۸.	McNulty For Congress					Date M	_	isburs			v v	Υ
	Mailing Address P.O. Box 1560					1 0		2	23		ž 0 ŏ (	5
	City	State Zip Code				Amou	unt c	f Each	Disb	urseme	nt this I	Period
	Green Island	NY 12183								-	2000.	00
	Purpose of Disbursement Contribution			0	11		-		-		2000.	
	Candidate Name		Ca	ate	egory/							
	Rep. Michael R. McNulty			T	/pe							
	Office Sought: X House Disbury Senate	sement For: 2006 Primary X General				Conti	ribu	tion				
	President	Other (specify)										
	State: NY District: 21											
В.	Full Name (Last, First, Middle Initial) Goode For Congress							ion ID isburs		75865		
						М	М		2 3		ž 0 Ď 6	Y
	Mailing Address 235 South Main Street					1 0		2	23		2006	Ď.
	City Rocky Mount	State Zip Code VA 24151				Amou	unt c	f Each	Disb	urseme	nt this I	Period
	Purpose of Disbursement	VA 24131		_		- [					1000.	00
	Contribution			Ó	11							
	Candidate Name Rep. Virgil H. Goode, Jr.				egory/ ype							
	X	sement For: 2006				Conti	ribu	tion				
	Senate President	Primary X General Other (specify) ▼				001111						
	State: VA District: 5	Other (specify)										
C.	Full Name (Last, First, Middle Initial)									73689		
•	Re-Elect Brian Bilbray For Congress					_ Date	of D	isburs			YY	Y
	Mailing Address 1307 9th St					1 0		2	2 3		ž 0 ŏ (	5
	City Imperial Beach	State Zip Code CA 91932				Amou	unt c	f Each	Disb	urseme	nt this I	Period
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	Candidate Name		-	_	egory/							
	Rep. Brian P. Bilbray				уре							
	Office Sought: X House Disbury Senate	sement For: 2006 Primary X General				Conti	ribu	tion				
	President	Other (specify)										
	State: CA District: 49											
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only		PAGE 128 / 149
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 26	4 25 26 8c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  A. Bob Filner For Congress			Transaction ID: 1337 Date of Disbursement	3676
Mailing Address P.O. Box 127868			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix}$	<sup>Y</sup> 2006 <sup>Y</sup>
City San Diego	State Zip Code CA 92112		Amount of Each Disbu	rsement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Bob Filner		Category/ Type		
Senate President	ement For: 2006 Primary X General Other (specify)		Contribution	
State: CA District: 51				
Full Name (Last, First, Middle Initial)  Bob Goodlatte For Congress Committee			Transaction ID: 1337 Date of Disbursement	
Mailing Address P.O. Box 292			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix}$	<sup>°</sup> 2006
City Roanoke	State Zip Code VA 24002		Amount of Each Disbu	
Purpose of Disbursement Contribution Candidate Name		011		1000.00
Rep. Robert W. Goodlatte		Category/ Type		
Office Sought:    X   House   Disburs     Senate   President     State: VA   District: 6	ement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				10004
Tim Bishop For Congress			Transaction ID: 1337 Date of Disbursement	
Mailing Address PO Box 437			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix}$	y 2006
City Farmingville	State Zip Code NY 11738		Amount of Each Disbu	rsement this Period
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. Timothy Bishop		Category/ Type		
Senate President	ement For: 2006 Primary X General Other (specify)		Contribution	
State: NY District: 1				
SUBTOTAL of Disbursements This Page (optional)		<b>)</b>		4000.00
TOTAL This Period (last page this line number only	Λ	•		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	
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Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  4. Friends Of Jim Marshall			Transaction ID: 13373791 Date of Disbursement
Mailing Address PO Box 125			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
City Macon	State Zip Code GA 31201		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	Г	011	2000.00
Candidate Name Rep. Jim Marshall	C	Category/ Type	
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution
State: GA District: 3			
Full Name (Last, First, Middle Initial)  Friends Of John Barrow			Transaction ID: 13373693 Date of Disbursement
Mailing Address PO Box 8166			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix} $
City Savannah	State Zip Code GA 31412		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. John Barrow	C	Category/ Type	
Office Sought:  X House Senate President State: GA District: 12	sement For: 2006 Primary X General Other (specify) ▼	31	Contribution
Full Name (Last, First, Middle Initial)			Turnesskien ID: 10004000
Louise Slaughter Re-Election Committee			Transaction ID: 13364083  Date of Disbursement
Mailing Address P.O. Box 730 C/0 C. Bruce Lawrence			10 M / D D D / Y Y Y Y O O 6 Y
City Honeoye	State Zip Code NY 14471		Amount of Each Disbursement this Period
Purpose of Disbursement Void of 8/06 check	Ī	011	-2000.00
Candidate Name Rep. Louise McIntosh Slaughter	C	Category/ Type	
Senate President	sement For: 2006  X Primary General  Other (specify)		Void of 8/06 check
State: NY District: 28			
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Α.	Louise Slaughter Re-Election Committee						_	isburs		nt		* 1/ *	
	Mailing Address P.O. Box 730 C/0 C. Bruce Lawrence					1 <sup>M</sup> 0	М	/ D	24	/ L	ž	οŏε	3 <sup>*</sup>
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	Candidate Name Rep. Louise McIntosh Slaughter			ate Ty	gory/ pe								
	Office Sought: X House Disburse Senate President State: NY District: 28	ement For: 2006 Primary X General Other (specify)				Contr	ibu	ion					
_	Full Name (Last, First, Middle Initial)					Tuona		an ID	. 10	0761	20		
В.	Mark Udall For Congress Inc.					Trans Date		isburs			29		
	Mailing Address 8690 Wolff Court #200					1 <sup>M</sup> 0	М	/ D	2 4	/ Y	ž	οŏ	6 Y
	City Westminster	State Zip Code CO 80031				Amou	ınt o	f Eacl	n Dis	burse	-		Period
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	Candidate Name Rep. Mark Udall			ate Ty	gory/ pe								
	Office Sought:  X House Senate President  State: CO District: 2	ement For: 2006 Primary X General Other (specify)	•			Contr	ibu	ion					
C.	Full Name (Last, First, Middle Initial) Larson For Congress					<b>Trans</b> Date				· · ·	22		
	Mailing Address 29 Ruff Circle					1 <sup>M</sup> 0	М	/ D	2 4	/ Y	ž	o ŏ e	6 Y
	City Glastonbury	State Zip Code CT 06033				Amou	ınt o	f Eacl	n Dis	burse	-		Period
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	Candidate Name Rep. John B. Larson			ate Ty	gory/ pe								
	Office Sought: X House Disburse Senate President State: CT District: 1	ement For: 2006 Primary X General Other (specify)	•			Contr	ibu	ion					
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abla	NAME OF COMMITTEE (In Full)										
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Α.	Full Name (Last, First, Middle Initial) Inslee For Congress					Transa Date of		-		18	
	Mailing Address PO Box 33027					10	/	<sup>D</sup> 2 4	/ [	žoŏ	6 Y
	City Seattle	State Zip Code WA 98133				Amoun	t of Ea	ch D	isburse	ement this	
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	Candidate Name Rep. Jay Inslee		С		egory/ vpe						
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B.	Friends Of Doc Hastings					Date of	Disbu	ırsem	ent	žoŏ	Y
	Mailing Address PO Box 2926	7.0				10	J L	2 4			
	City Pasco	State Zip Code WA 99302				Amoun	t of Ea	ch D	isburse	ement this	
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C.	Sue Kelly For Congress					Transa Date of	Disbu	ırsem	ent		* V
	Mailing Address PO Box 599					10	J′L	24		žoŏ	6
	City Katonah	State Zip Code NY 10536				Amoun	t of Ea	ch D	isburse	ement this	
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	Candidate Name Rep. Sue W. Kelly		С		egory/ vpe						
	Office Sought:  X House Senate President State: NY District: 19	ement For: 2006 Primary X General Other (specify) ▼				Contrib	oution				
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NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)  A. Dutch Ruppersberger For Congress			Transaction ID: 13376106 Date of Disbursement					
Mailing Address 22 West Padonia Road	Suite C-141			0 6 °				
-	7.0.1							
City Timonium	State Zip Code MD 21093		Amount of Each Disbursement th					
Purpose of Disbursement Contribution		011	20	00.00				
Candidate Name Rep. C.A. Dutch Ruppersberger	C	Category/ Type						
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution					
State: MD District: 2								
Full Name (Last, First, Middle Initial)  Cole For Congress			Transaction ID: 13376102 Date of Disbursement					
Mailing Address P.O. Box 722256			$\begin{bmatrix} 1 & 0 & 0 \\ 1 & 0 & 0 \end{bmatrix}$	0 6 °				
City Norman	State Zip Code OK 73070		Amount of Each Disbursement the	nis Period				
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Candidate Name Rep. Thomas Cole		Category/						
	sement For: 2006 Primary X General	Туре	Contribution					
President State: OK District: 4	Other (specify) ▼							
Full Name (Last, First, Middle Initial) Cathy McMorris For Congress			Transaction ID: 13376125 Date of Disbursement					
Mailing Address Box 137			$\begin{bmatrix} 1 & 0 & 0 & 0 \\ 1 & 0 & 0 & 0 \end{bmatrix}$	0 6 °				
City Spokane	State Zip Code WA 99210		Amount of Each Disbursement the	nis Period				
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Contribution  Candidate Name  Rep. Cathy McMorris		011 Category/ Type						
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	y Information copied from such Reports and State for commercial purposes, other than using the nar														IS		
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Α.	Full Name (Last, First, Middle Initial) Grant For Congress						-	-	<b>D:</b> 13384659 rsement								
	Mailing Address P O Box 489						- [	<sup>M</sup> 0	М	Ý	ž o ŏ (	3 <sup>Y</sup>					
	City Fruitland	State ID	Zip Code 83619				A	mou	ınt o	f Ea	ch D	isbur		nt this		i k	
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	Candidate Name Mr. Larry Grant			С		gory/ pe											
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B.	Inslee For Congress						_ D	ate		isbu	rsem	nent		ž o ŏ e	Y		
	Mailing Address PO Box 33027	Okaka	7's Osda					1 0	_							_	
	City Seattle	State WA	Zip Code 98133				_ A	mou	int o	t Ea	ch D	osbur		nt this 1		1	
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C.	Westmoreland For Congress						D	ate		isbu	rsem			γ ° γ °	Y		
	Mailing Address P.O. Box 458						L	1 0		L	2 5	5	2	žοŏε	5		
	City Sharpsburg	State GA	Zip Code 30277				А Г	mou	ınt o	f Ea	ch D	isbur		nt this		i T	
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	Candidate Name Rep. Lynn A. Westmoreland			С		gory/ pe											
	Office Sought:  X House Senate President State: GA District: 8	Primary Other (spe	2006 X General ecify) ▼				Ce	ontr	ibu	tion							
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Cathy McMorris For Congress			Transaction ID: 13375897 Date of Disbursement
Mailing Address Box 137			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Spokane	State Zip Code WA 99210		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Cathy McMorris		Category/ Type	
Office Sought:  X House Senate President State: WA District: 5	sement For: 2006 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)  Nancy Boyda For Congress			Transaction ID: 13399047 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 510 Sw 10th Street	7.0		
City Topeka	State Zip Code KS 66612		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Nancy Boyda		Category/ Type	
Office Sought:    X   House   Disbur     Senate   President     State: KS   District: 2	sement For: 2006 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 13393805
Peter Hoekstra For Congress			Date of Disbursement
Mailing Address 1454 Cimarron Drive			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & T \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & O & O & G \end{bmatrix} \end{bmatrix}$
City Holland	State Zip Code MI 49423		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Peter Hoekstra		Category/ Type	
Senate President	sement For: 2006 Primary X General Other (specify)		Contribution
State: MI District: 2			
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Charlie Melancon Campaign Committee Ir	nc		Transaction ID: 13393792 Date of Disbursement
Mailing Address 511 Congress St PO Box 549			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & O & Q & G \end{bmatrix} $
City Napoleonville	State Zip Code LA 70390		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1500.00
Candidate Name Rep. Charles Melancon		Category/ Type	
Office Sought:    X   House   Disburse     Senate   President     State: LA   District: 3	ement For: 2006 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)  Van Hollen For Congress			Transaction ID: 13395445 Date of Disbursement
Mailing Address 10537 St. Paul Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Rep. Chris Van Hollen		Category/ Type	
Office Sought:  X House Senate President State: MD District: 8	ement For: 2006 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)  Committee To Elect Artur Davis To Congre	ess		Transaction ID: 13395500 Date of Disbursement
Mailing Address Post Office Box 1845			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 6 \\ 2 & 0 & 0 & 6 \end{bmatrix}$
City Birmingham	State Zip Code AL 35201		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	7.12 00201	011	2500.00
Candidate Name Rep. Artur Davis		Category/ Type	
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Α.	Full Name (Last, First, Middle Initial) Louie Gohmert For Congress Committee						Trans					466						
	Mailing Address PO Box 8060						M M / D 3 D / Y Y Y O O 6											
	City Tyler		p Code 5711		Amou	int o	f Ead	ch D	isburs	semer	t this f	Period						
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	Candidate Name Rep. Louie Gohmert				ate Ty	gory/ oe												
	Senate President	ement For: Primary Other (specify)	2006 X General ) ▼				Contr	ibut	ion									
В.	State: TX District: 1  Full Name (Last, First, Middle Initial)  Hal Rogers For Congress						Trans					3444						
	Mailing Address P.O. Box 1214							M	/ [		/	Ý	o ŏ e	3 Y				
	City Somerset		p Code 2502				Amount of Each Disbursement this P											
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	Candidate Name Rep. Harold Rogers				ate Ty	gory/ oe												
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С.	Full Name (Last, First, Middle Initial) Upton For All Of Us						Trans					3442						
	Mailing Address P.O. Box 490						1 <sup>M</sup> 0	М	/ [	3 1	/	Ý	οŏε	3 Y				
	City St. Joseph		p Code 9085				Amou	int o	f Ead	ch D	isburs		t this I					
	Purpose of Disbursement Contribution			_	01		L.		-				2000.	00				
	Candidate Name Rep. Fred Upton				ate Typ	gory/ oe												
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	2.							
<b>/</b>	Full Name (Last, First, Middle Initial) Mike Thompson For Congress				Transaction ID: 13398443 Date of Disbursement				
	Mailing Address 5429 Madison Avenue				M M / B D / Y Y Y O O G Y				
	City Sacramento	State Zip Code CA 95841			Amount of Each Disbursement this Perio	d			
	Purpose of Disbursement Contribution			011	2500.00	_			
	Candidate Name Rep. Michael Thompson			ategory/ Type					
	Office Sought:  X House Senate President  State: CA District: 1	sement For: 2006 Primary X General Other (specify) ▼			Contribution				
В.	Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee				Transaction ID: 13398437 Date of Disbursement				
	Mailing Address Post Office Box 28001				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & 1 \\ 3 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Y & Q & Q & G \end{bmatrix}$				
	City Raleigh	State Zip Code NC 27611			Amount of Each Disbursement this Perio	d			
	Purpose of Disbursement Contribution		-	011	3000.00	_			
	Candidate Name Rep. Bob Etheridge			ategory/ Type					
	Office Sought:  X House Senate President  State: NC District: 2	sement For: 2006 Primary X General Other (specify) ▼			Contribution				
C.	Full Name (Last, First, Middle Initial) Blumenauer For Congress				Transaction ID: 13398441 Date of Disbursement				
	Mailing Address 830 Ne Holladay Suite	105			10				
	City Portland	State Zip Code OR 97232			Amount of Each Disbursement this Perio	d			
	Purpose of Disbursement Contribution			011	2000.00	_			
	Candidate Name Rep. Earl Blumenauer			ategory/ Type					
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NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)  A. Friends Of Phil Hare			Transaction ID: 1339 Date of Disbursement	8438			
Mailing Address 313 17th Street P.O. Box 4183			10  31 /	2006			
City Rock Island	State Zip Code IL 61202		Amount of Each Disbu	rsement this Period			
Purpose of Disbursement Contribution		011		3000.00			
Candidate Name Mr. Philip Hare		Category/ Type					
Senate President	sement For: 2006 Primary X General Other (specify)		Contribution				
State: IL District: 17  Full Name (Last, First, Middle Initial)			Transaction ID: 1339	0007			
Price For Congress Committee			Date of Disbursement				
Mailing Address P. O. Box 1986			1 1 0 1	2006			
City Raleigh	State Zip Code NC 27602		Amount of Each Disbu				
Purpose of Disbursement Contribution		011		3000.00			
Candidate Name Rep. David E. Price		Category/ Type					
Senate President	sement For: 2006 Primary X General Other (specify)		Contribution				
State: NC District: 4  Full Name (Last, First, Middle Initial)			Transaction ID: 1339	9616			
Markey Committee, The			Date of Disbursement				
Mailing Address P.O. Box 526			1 1 0 1	Ý ŽOÕ6Ÿ			
City Medford	State Zip Code MA 02155		Amount of Each Disbu	rsement this Period			
Purpose of Disbursement Contribution		011		2000.00			
Candidate Name Rep. Edward J. Markey		Category/ Type					
Senate President	sement For: 2006 Primary X General Other (specify)		Contribution				
State: MA District: 7							
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or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	me and address of any politica	al committee to	solicit contributions from such committee
American Hospital Association PAC			
<u>/</u>			
Full Name (Last, First, Middle Initial)  A. Tierney For Congress			Transaction ID: 13399653
A. Tierney For Congress			Date of Disbursement
Mailing Address 49 Federal Street			111 / 01 / 2006
City	State Zip Code		Amount of Each Disbursement this Period
Salem	MA 01970	1	1000.00
Purpose of Disbursement Contribution		011	
Candidate Name		Category/	
Rep. John F. Tierney		Туре	
Office Sought: X House Disbu	rsement For: 2006 Primary X General		Contribution
President	Other (specify)		
State: MA District: 6			
Full Name (Last, First, Middle Initial)  B. Citizens For John Olver For Congress			Transaction ID: 13399619 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 819 PO Box 819			11 01 2006
City Amherst	State Zip Code MA 01004		Amount of Each Disbursement this Period
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Contribution		011	
Candidate Name Rep. John W. Olver		Category/ Type	
Office Sought: X House Disbu	rsement For: 2006		Contribution
Senate	Primary X General		Contribution
President State: MA District: 1	Other (specify)		
Full Name (Last, First, Middle Initial)  C. Re-Elect McGovern Committee			Transaction ID: 13399618 Date of Disbursement
The Elect Medevern Committee			
Mailing Address PO Box 60405			
City Worcester	State Zip Code MA 01606		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. James P. McGovern		Category/ Type	
Office Sought: X House Disbu	rsement For: 2006	1 1/10	Contribution
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$\rangle$	American Hospital Association PAC																
Α.	Full Name (Last, First, Middle Initial)  Delahunt For Congress Committee							Trans Date		-	-		9652				
	Mailing Address 332 Victory Road							1 <sup>M</sup> 1	М	′	0 1	) / 	Y	ž 0 ŏ	3 Y		
	City Quincy	State MA	Zip Code 02171					Amou	ınt of Each Disbursement					nt this	this Period		
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	Candidate Name Rep. William D. Delahunt				_	gory/											
	Senate President	sement For: Primary Other (spe	2006 X General					Contr	ibu	tion							
_	State: MA District: 10 Full Name (Last, First, Middle Initial)							Trans	sact	ion	ID: 1	3399	9005				
B.	Kind For Congress Committee								of D	_	D [	) /	Υ ,	ž 0 0 i	Y		
	Mailing Address 205 South 5th Ave Suite 428							11		L	0 1						
	City La Crosse	State WI	Zip Code 54601					Amou	ınt o	of Ea	ch D	isbur		nt this		d T	
	Purpose of Disbursement Contribution				0	-			-	-	•			2000.	00	_	
	Candidate Name Rep. Ron Kind				ate Ty	gory/ pe											
	Senate President	sement For: Primary Other (spe	2006 X General					Contr	ibu	tion							
	State: WI District: 3 Full Name (Last, First, Middle Initial)							Trans			ID. 1	2200	)C1 E				
C.	Barney Frank For Congress Committee							Trans Date		isbu	ırsen	nent		V	V		
	Mailing Address PO Box 260							1 1		L	0 1		2	ž 0 ŏ (	3		
	City Newtonville	State MA	Zip Code 02460					Amou	ınt o	f Ea	ch D	isbur		nt this		d	
	Purpose of Disbursement Contribution				0	11		L.		-		-	•	2000.	00	_	
	Candidate Name Rep. Barney Frank				ate Ty	gory/ pe											
	Office Sought:  X House Senate President  State: MA District: 4	sement For: Primary Other (spe	2006 X General ecify) ▼					Contr	ibu	tion							
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam															S			
$\vdash$	NAME OF COMMITTEE (In Full)																		
$ \rangle$	American Hospital Association PAC																		
Α.	Full Name (Last, First, Middle Initial) Bass Victory Committee										ID: urse		3989 nt	79					
	Mailing Address PO Box 3451		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									; Y							
	City Concord	State NH	Zip Code 03302				Aı	nou	ınt c	of E	ach	Disk	ourse	ment	this F	Period			
	Purpose of Disbursement Contribution			Г	Ō.	11	2500.00												
	Candidate Name Rep. Charles F. Bass				ate Ty	gory/ pe													
	Office Sought:  X House Senate President  State: NH District: 2	ement For: Primary Other (spe	2006 X General ecify) ▼				Co	ntr	ibu	tior	1								
В.	Full Name (Last, First, Middle Initial) Stephen F. Lynch For Congress Committee  Mailing Address 105 Farragut Road	90					Da	ate (			ID: urse	mer	1913 nt		0 ŏ 6	S <sup>Y</sup>			
	City South Boston	State MA	Zip Code 02127				Aı	nou	ınt c	of E	ach	Disk	ourse	ment	this F	Period			
	Purpose of Disbursement Contribution				0	11	] L	_	-			-		10	000.	00			
	Candidate Name Rep. Stephen F. Lynch				ate Ty	gory/ pe													
	Office Sought:  X House Senate President  State: MA District: 9	ement For: Primary Other (spe	2006 X General ecify) ▼				Co	ntr	ibu	tior	1								
С.	Full Name (Last, First, Middle Initial) Scott Garrett For Congress										ID: urse		3990 nt	11					
	Mailing Address P.O. Box 905							<sup>м</sup> 1	М	′	<sup>D</sup> 0	<sup>D</sup>	/ Y	ž	οŏε	Y			
	City Newton	State NJ	Zip Code 07860				Aı	nou	int c	of E	ach	Disk	ourse	-	-	Period			
	Purpose of Disbursement Contribution				Ō.									. 10	000.	00			
	Candidate Name Rep. Scott Garrett				ate Ty	gory/ pe													
	Office Sought:  X House Senate President  State: NJ Disburs	ement For: Primary Other (spe	2006 X General ecify) ▼				Co	ntr	ibu	tior	1								
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	24 280	Н	25 29	ш.	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam										5	
NAME OF COMMITTEE (In Full)	e and address of any political of	,01111110	ilee io s	SOIICIL COITI	Houtic	115 110	iii Sucii	COITIII	iiilee		
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID:	13399	555			
Jim Costa For Congress				Date	of Dis	burse		V . V	V	V	
Mailing Address 2037 W Bullard Avenue # 355				111	IVI /	<sup>D</sup> 0	1 ′	<u>'</u> 2	0 Ď 6		
City Fresno	State Zip Code CA 93711			Amo	unt of	Each I	Disburs	emen	t this P	eriod	
Purpose of Disbursement	93711			$+ \Gamma$				1	500.0	0	7
Contribution		0-	11								1
Candidate Name Rep. James Costa		Cate Ty	gory/ pe								
Senate President	ement For: 2006 Primary X General Other (specify)			Cont	ributi	on					
State: CA District: 20 Full Name (Last, First, Middle Initial)											
Friends Of Dick Durbin Committee						on ID: burse	13420: ment	326			
Mailian Address - DO D - 4040				M 1 1	M /	<sup>D</sup> 1		Y Y	0 ŏ 6	Υ	
Mailing Address PO Box 1949											
City Springfield	State Zip Code IL 62705			Amoi	unt of	Each I	Disburs	emen	t this P	eriod	_
Purpose of Disbursement			-	T L.					500.0	0	
2008 Contribution Candidate Name		0.	-								
Sen. Richard J. Durbin		Cate	gory/ pe								
• -	ement For: 2008 Primary General Other (specify)			2008	Con	tributi	on				
Full Name (Last, First, Middle Initial)				Tron	naatia	n ID.	13420	200			
Friends Of Dick Durbin Committee						burse		3 <b>2</b> 0			
Mailing Address PO Box 1949				м 1 1	M /	<sup>D</sup> 1	<b>5</b> /	<sup>Y</sup> 2	0 ŏ 6	Y	
City Springfield	State Zip Code IL 62705			Amo	unt of	Each I	Disburs	emen	t this P	eriod	_
Purpose of Disbursement 2008 Contribution	5=: 50	0-	11						500.0	0	
Candidate Name Sen. Richard J. Durbin			gory/								
Office Sought:    House   Disburs     X Senate   President     State: IL District: 1	ement For: 2008 Primary X General Other (specify)			2008	Con	tributi	on				
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>					2	500.0	0	
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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s) for each category of the						NE NUMBER: PAGE 143 / 149 only one)								
	EMIZED DISBURSEMENTS	Detailed	Summary Page		È	21b 27	È	22 28a	X	23 28b		24 280		25 29		26 30b
	ly Information copied from such Reports and Statem for commercial purposes, other than using the name														ıs	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Citizens For Altmire							Trans Date					329			
	Mailing Address PO Box 1776							1 1	М	/	15	/	Y	žoŏ	3 <sup>Y</sup>	
	City Freedom	State PA	Zip Code 15042					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Peric	od
	Purpose of Disbursement Contribution				0	11		L.				•		2000.	00	
	Candidate Name Mr. Jason Altmire			С		egory/ vpe										
	Senate President X	ement For: Primary Other (spe						Contr	ibut	tion						
_		eneral De	ebt Re													
В.	Full Name (Last, First, Middle Initial) Glacier PAC							Trans Date		isbu	rsem	ent		, · · · ·	V	
	Mailing Address 818 Connecticut Ave., NV Suite 1100	W						1 1	M	′ L	17		<sup>*</sup> 2	ž 0 ŏ	6 <sup>*</sup>	
	Washington	State DC	Zip Code 20006					Amou	ınt o	f Ea	ch D	isburs		nt this		od
	Purpose of Disbursement 2006 Contribution				0	11			-	-			,	5000.	00	
	Candidate Name			O		egory/ vpe										
	Senate President	ement For: Primary Other (spe	General					2006	Coi	ntrik	outio	n				
	Full Name (Last, First, Middle Initial)							Trans	sacti	ion l	D: 1	3437	178			
C.	Weldon Victory Committee							Date	of D	isbu	rsem	ent				
	Mailing Address P. O. Box 1992							1 1	М		27	' [	Y 2	ž 0 ŏ	3 <sup>Y</sup>	
	City Media	State PA	Zip Code 19063					Amou	ınt o	f Ea	ch D	isburs		nt this		od
	Purpose of Disbursement Void of 10/06 check				0	11		L.	-	_	-			4500.	00	
	Candidate Name Rep. Curt Weldon			С		egory/ vpe										
	Office Sought:  X House Senate President  State: PA District: 7	ement For: Primary Other (spe	2006 X General ecify) ▼					Void	of 1	0/0	6 ch	eck				
s	UBTOTAL of Disbursements This Page (optional)					. 1	 ▶					-	2	2500.	00	
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	•	Use seperate schedule(s)	(check only	NUMBER: PAGE 144/149
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 X 28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using th	,	, ,	, ,
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 13480193
٩.	Holbrook & Osborn, PA			Date of Disbursement
	NA 35 A 11			10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7400 West 110th S	treet, Suite 600		10 20 2000
	City	State Zip Code		Amount of Each Disbursement this Period
	Overland Park	KS 66210-2360		
	Purpose of Disbursement			500.00
	Refund of 9/5/2006 Contribution		010	
	Candidate Name		Category/ Type	
	Office Sought: House Di	sbursement For:		Refund of 9/5/2006 Contri-
	Senate	Primary General		bution
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>→</b>	500.00

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 145 / 14 FOR LINE 24 O	
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC					C C00106146	DIMPER A
Check if 24-hour notice 48-	hour notice				<b>C</b> 300100110	
Full Name (Last, First, Middle, Initial) of Pa	vee			Date		
Multi Media Services Corporation	•			1 0 /	20 / 4 200	6 Y
Mailing Address				Amount		
915 King Street					55000.00	)
2nd Floor				Transaction	n <b>ID:</b> 13357930	
City	State	Zip Code	е			
Alexandria	VA	22314		Office Sough		ate: OH
Purpose of Expenditure Radio Advertising & Production		Category/ Type	004		Senate Dist Presidential	rict:15
Name of Federal Candidate supported or C	opposed by expend	liture:		Check One:	X Support (	Oppose
Rep. Deborah Pryce	,,,,,,,					
, ,				Disbursemen	t For: Primary X	General 2006
Calendar Year-To-Date Per Election				Oth	er (specify) :	
for Office Sought		55000	.00			
for Office Sought						
Full Name (Last, First, Middle, Initial) of Pa	yee			Date		
Mac Williams Robinson & Partners Inc.				м м / 1.0	31 Y Y Y Y Y 200	6 Y
Mailing Address				Amount		
1600 L Street, NW, Suite 301				Amount		
, ,				<u> </u>	23383.33	3
City	State	Zip Cod		Transactio	n ID: 13399043	
Washington	DC	20036	•	Office Sough	t: X House St	ate: <u>IA</u>
Purpose of Expenditure		20000			Senate Dist	rict: _3
Radio Advertising & Production		Category/ Type	004		Presidential	
	anagad by ayaaad	litura.		Check One:	χ Support (	Oppose
Name of Federal Candidate supported or C Rep. Leonard L. Boswell	pposed by expend	iiture:				
nep. Leonard L. Bosweii				Disbursemen	t For: Primary X	General 2006
				Oth	er (specify) :	
Calendar Year-To-Date Per Election		23383	.33		or (opcorry) .	
for Office Sought						
( ) OUDTOTAL ( )	P.				7838	33.33
(a) SUBTOTAL of Itemized Independent Exp	enaitures				1000	70.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures					0.00
(c) TOTAL Independent Expenditures						
(c) TOTAL independent Expenditures						
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized commit					
Ma Malinda Hattav		D - 1	M M		Y Y Y Y	
Ms. Melinda Hatton		— Date	12	0 7	2006	
Signature						

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 146 / 149 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					C C00106146
Check if 24-hour notice 48-	hour notice				<b>G</b> scores is
Full Name (Last, First, Middle, Initial) of Pa	/ee			Date	
Mac Williams Robinson & Partners Inc.				M M /	3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
1600 L Street, NW, Suite 301				T	31883.33
City	State	Zip C	ode		n ID: 13399044
Washington	DC	2003	36	Office Sough	
Purpose of Expenditure Radio Advertising & Production		Category/ Type	004		Senate District: 5 Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:		Check One:	X Support Oppose
Rep. John M. Spratt, Jr.				5	
				Disbursemen	
Calendar Year-To-Date Per Election		218	83.33	Oth	er (specify) :
for Office Sought		3100	30.00		
Full Name (Last, First, Middle, Initial) of Pay	/ee			Date	
Mac Williams Robinson & Partners Inc.				M M /	3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
1600 L Street, NW, Suite 301					49257.34
City	State	Zip C	ode	Transactio	n ID: 13399045
Washington	DC	2003		Office Sough	
Purpose of Expenditure		Catagory			X Senate District: 2
Radio Advertising & Production		Category/ Type	004		Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:		Check One:	X Support Oppose
Mr. Benjamin Cardin				Disbursemen	nt For: Primary X General 200
					• —
Calendar Year-To-Date Per Election for Office Sought		492	57.34	Otn	er (specify) :
(a) SUBTOTAL of Itemized Independent Expe	andituros				81140.67
(a) SUBTUTAL OF Remized independent Expe	enditures	•••••			
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00
(c) TOTAL Independent Expenditures				L.	
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized commit				
			M M	D D	Y Y Y Y
Ms. Melinda Hatton		□	ate 12		2006
Signature					

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 147 / 149 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
American Hospital Association PAC					C C00106146
Check if 24-hour notice 48-	hour notice				<b>G</b> scores is
Full Name (Last, First, Middle, Initial) of Pa	vee			Date	
Multi Media Services Corporation	,			M M /	31 /
Mailing Address 915 King Street				Amount	0000 00
2nd Floor					8000.00
City	State	Zip C	ode		n ID: 13399041
Alexandria	VA	2231	4	Office Sough	
Purpose of Expenditure Radio Advertising		Category/ Type	004		Senate District: 15 Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:		Check One:	X Support Oppose
Rep. Deborah Pryce				Disbursemen	nt For: Primary X General 200
					er (specify) :
Calendar Year-To-Date Per Election		6300	00.00		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
for Office Sought					
Full Name (Last, First, Middle, Initial) of Pag	yee			Date	
Upgrade Films				1 0	3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
1023 31st ST. NW					2992.62
City	Ctata	Zin C	ada	Transactio	<b>n ID:</b> 13401760
City Washington	State DC	Zip C 2000		Office Sough	t: X House State: AZ
Purpose of Expenditure					Senate District: 1
Radio Production		Category/ Type	004		Presidential
				Check One:	X Support Oppose
Name of Federal Candidate supported or C	pposed by expend	liture:		Officer Offic.	X Support Oppose
Rep. Rick Renzi				Disbursemen	nt For: X Primary General 200
				Oth	er (specify):
Calendar Year-To-Date Per Election for Office Sought	L	299	92.62		· · · · · · · · · · · · · · · · · · ·
(a) SUBTOTAL of Itemized Independent Expe	enditures				10992.62
					0.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized commit				
		_	M M		YYYYY
Ms. Melinda Hatton Signature		<u> </u>	ate 12	07	2006
- Gradio					

ITEMIZED INDEPENDENT EXPI	ENDITUR	ES			PAGE 148 / 149 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					C C00106146
Check if 24-hour notice 48-hou	r notice				<b>C</b> 000100140
Full Name (Last, First, Middle, Initial) of Payee				Date	
Upgrade Films				M M /	31 / 2006
Mailing Address				Amount	
1023 31st ST. NW				T	2992.63
City	State	Zip Co	ode		n ID: 13401762
Washington	DC	2000	7	Office Sough	
Purpose of Expenditure Radio Production		Category/ Type	004		Senate District: 25 Presidential
Name of Federal Candidate supported or Oppo Rep. James T. Walsh	osed by expend	liture:		Check One:	X Support Oppose
nep. James 1. Waish				Disbursemen	nt For: Primary X General 200
				Oth	er (specify) :
Calendar Year-To-Date Per Election		4863	2.63		· · · · · · · · · · · · · · · · · · ·
for Office Sought					
Full Name (Last, First, Middle, Initial) of Payee				Date	
Voter Strategies				M M /	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
78-710 Avendia Nuestra					13245.00
	2			Transactio	n ID: 13401756
City LaQuinta	State CA	Zip Co 9225		Office Sough	nt: X House State: AZ
Purpose of Expenditure	OA	9223			Senate District: 1
Radio Advertising		Category/	004		Presidential
		Туре			
Name of Federal Candidate supported or Oppo	osed by expend	liture:		Check One:	X Support Oppose
Rep. Rick Renzi				Disbursemen	nt For: Primary X General 20
					•
Calendar Year-To-Date Per Election for Office Sought		1324	5.00	Oth	er (specify) :
(a) SUBTOTAL of Itemized Independent Expend	itures				16237.63
(b) SUBTOTAL of Unitemized Independent Expe	nditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or au committee) any political party committee or its agent.					
		_	M M		Y ' Y ' Y ' Y
Ms. Melinda Hatton Signature		Da	ate 12	07	2006
- 5					

TEMIZED INDEPENDENT EXPENDITUR	PAGE 149 / 149 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146
Check if 24-hour notice 48-hour notice  Full Name (Last, First, Middle, Initial) of Payee  Voter Strategies		Date    Date   The state   The
Mailing Address 78-710 Avendia Nuestra  City State	Zip Code	Amount 45640.00  Transaction ID: 13401757
LaQuinta CA Purpose of Expenditure Radio Advertising	92253  Category/ Type  004	Office Sought: X House State: NY Senate District: 25 Presidential
Name of Federal Candidate supported or Opposed by expend Rep. James T. Walsh	iture:	Check One: X Support Oppose  Disbursement For: Primary X General 200
Calendar Year-To-Date Per Election for Office Sought	45640.00	Other (specify) :

(a) SUBTOTAL of Itemized Independent Expenditures		45640.00				
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00				
(c) TOTAL Independent Expenditures		232394.25				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Melinda Hatton Signature	Date 12 07	7 D 2 0 0 6				